

State of Rhode Island and Providence Plantations 2015 Form RI-1096PT

Pass-through Withholding Return and Transmittal

		Name			Federal	empl	oyer identification nu	umber
	Amended	Address						
	Sub S Corp	Address						
		Address 2						
	LLC	City, town or post office	State	ZIP code	E-mail a	addrog		
	Partnership		Jiale			auurea	55	
		Year end						
	Trust	Calendar Year: January 1, 2015 through December 31, 2015	Fiscal \	ear: MM/DD/2	015 1	hrough	1 MM/DD/	
	Cannot distrib		nbers v	vith less than \$1,000 Column A C Corporations or			income (see instruct Column B ub S Corps, Individuals	,
VVIII			_	C Corporations of	пу	LŬ	ub S Corps, Individuals Cs, Partnerships & Tru	sts
1	Rhode Island	source income of nonresident members net of modification	1a	ı		1b		
2	Rhode Island	nonresident pass-through withholding rate	2a	7.0%		2b	5.99%	
3	Rhode Island	pass-through withholding. Multiply line 1 by line 2	3a			3b		
4 TOTAL Rhode Island pass-through withholding. Add lines 3a and 3b						4		
5 Rhode Island nonresident real estate withholding (see worksheet on page 2 for other payments)						5		
6	6 Tentative Rhode Island withholding for members. Subtract line 5 from line 4 (not less than zero)					6		
7	Rhode Island	estimated tax paid on Form RI-1096PT-ES	7					
8a		holding paid on behalf of reporting entity. Enter the identification ssuing entity or entities below. (see instructions)	8a				Check ✓ if extension is	
8b		nonresident withholding on real estate sales in 2015 ONLY if enti nbers' names, was provided to Division of Taxation at time of closing	-				attached.	
8c	Other paymer	nts	80					
9	Total payment	ts and credits. Add lines 7, 8a, 8b and 8c				9		
10	to the RI-1099	. If line 6 is greater than line 9, subtract line 9 from line 6. The amou PTs being issued. Remit payment for balance due, plus any 2210 the RI-2210PT is attached.Enter interest due \$and a)PT int		-1096V.	10		
11		nolding paid. If line 9 is greater than line 6, subtract line 6 from li the RI-1099PTs being issued to the entity's members. Excess amounts c				11		
NOTE	equal the a	hholding from all RI-1099PTs that have been issued must mount from line 6 or line 9 above, whichever is larger. SUED RI-1099PTs to the BACK of this Form RI-1096PT.		nber of 1099s issued I amount of 1099s is				



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Name

Federal employer identification number

<u>SCHEDULE A -</u> CALCULATION FOR AN ENTITY WITH AT LEAST ONE C CORP MEMBER WITH LESS THAN \$1,000.00 OF INCOME

			Column A C Corporations	Column B Number of Members
1	Rhode Island source income of ALL nonresident C Corporation members net of modifications (attach schedule)	1		
2	Rhode Island source income of those nonresident C Corporation members with income of less than \$1,000 net of modifications (attach schedule)	2		
3	Rhode Island source income of nonresident C Corporation members with income of \$1,000 or more net of modifications. Subtract line 2 from line 1 . Enter here and on pg 1, Col A, Line 1a	3		

<u>SCHEDULE B -</u> CALCULATION FOR AN ENTITY WITH AT LEAST ONE NON-C CORP MEMBER WITH LESS THAN \$1,000.00 OF INCOME

		Sut	Column A S Corps, Individuals, LLCs, Partnerships and Trusts	Column B Number of Members
1	Rhode Island source income of ALL nonresident members other than C Corporations net of modifications (attach schedule)	1		
2	Rhode Island source income of those nonresident members other than C Corporations with in- come of less than \$1,000 net of modifications (attach schedule)	2		
3	Rhode Island source income of nonresident members other than C Corporations with income of \$1,000 or more net of modifications. Subtract line 2 from line 1 . Enter here and on page 1, Column B, Line 1b	3		

WORKSHEET FOR PAGE 1, LINE 5

Rhode Island nonresident real estate withholding - ONLY include if a breakdown of <u>each shareholder's with-</u> holding amount was provided to the RI Division of Taxation at the time of closing - Attach copy of 71.3 form		
5b Rhode Island estimated tax paid by members on their personal return attributable to income on this return (see in- structions).	5b	
5c Excess Rhode Island withholding tax paid by this entity for members (see instructions)	5c	
5d Rhode Island credit purchased by a member for use in 2015. Refer to Schedule CR for elgible credits	5d	
5e Total. Add lines 5a, 5b, 5c and 5d. Enter here and on page 1, line 5	5e	

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date		Telephone number	
		_			
Paid preparer signature	Print name	Date		Telephone number	
Paid preparer address	City, town or post office	State	ZIP Code	PTIN	