

State of Rhode Island and Providence Plantations

2016 Form RI-1096PT

Pass-through Withholding Return and Transmittal

| | | Name | deral empl | employer identification number | | | | | | |
|------|--|---|--|--------------------------------|-------------|-------------------------|--|--|--|--|
| | Amended | Address | | | | | | | | |
| | Sub S Corp | | | | | | | | | |
| | 110 | Address 2 | | | | | | | | |
| | LLC | City, town or post office | ate | ZIP code E-r | mail addres | SS | | | | |
| | Partnership | | | | | | | | | |
| | Trust | Year end Calendar Year: January 1, 2016 through December 31, 2016 Fig. | 6 through | n MM/DD/ | | | | | | |
| H | Cannot distribu | | | | | | | | | |
| | Carmot distribu | ute due to Federal or State restrictions (see instructions) Memb | CIS V | Column A | NI SOUICE | Column B | | | | |
| WITI | HHOLDING CA | S LL | Sub S Corps, Individuals, Cs, Partnerships & Trusts | | | | | | | |
| 1 | Rhode Island | source income of nonresident members net of modification | . 1a | ı | 1b | | | | | |
| 0 | Dhada laland | | 2- | 7.00/ | O.b. | 5.000/ | | | | |
| 2 | Knode Island | nonresident pass-through withholding rate | . 28 | 7.0% | 2b | 5.99% | | | | |
| 3 | Rhode Island | pass-through withholding. Multiply line 1 by line 2 | . За | | 3b | | | | | |
| 4 | TOTAL Rhode | 4 | | | | | | | | |
| 5 | Rhode Island | 5 | | | | | | | | |
| J | Kiloue Islanu | 3 | | | | | | | | |
| 6 | Tentative Rhoo | 6 | | | | | | | | |
| 7 | Rhode Island | estimated tax paid on Form RI-1096PT-ES | . 7 | | | | | | | |
| 0, | Cradit for with | | | | | | | | | |
| 06 | 8a Credit for withholding paid on behalf of reporting entity. Enter the identification number(s) of issuing entity or entities below. (see instructions) | | | | | | | | | |
| | ID# | | | | | Check ✓ if extension is | | | | |
| 81 | Rhode Island | | attached. | | | | | | | |
| | name, not men | nbers' names, was provided to Division of Taxation at time of closing | . 8b | | | | | | | |
| 80 | Other paymen | uts | 80 | | | | | | | |
| | - | | | | | | | | | |
| 9 | lotal payment | s and credits. Add lines 7, 8a, 8b and 8c | | | 9 | | | | | |
| 10 | | | | | | | | | | |
| | to the RI-1099 Check if t | 96V. rn. 10 | | | | | | | | |
| | | | | | | | | | | |
| 11 | Excess withh be allocated to t | | | | | | | | | |
| NOT | E: The total with | | | | | | | | | |
| | | nount from line 6 or line 9 above, whichever is larger. | . | | | | | | | |
| | Attach all IS | SUED RI-1099PTs to the BACK of this Form RI-1096PT. | Tota | ll amount of 1099s issue | d: | | | | | |
| | | | | | | | | | | |

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Pass-through Withholding Return and Transmittal

| Name | employer identif | fication number | | | | | |
|--|---|-----------------|-------------------------------|--------------------------------|----------------------------------|--|--|
| SCHEDULE A - CALCULATION FOR AN ENTITY WI | TH AT LEAST ONE C CORP MEMBER V | VITH L | ESS THAI | N \$1,000.00 C | OF INCOME | | |
| | Colu C Corp | | | | Column B Number of Members | | |
| | esident C Corporation members net of modifications | | | | | | |
| | nresident C Corporation members with income of lesschedule) | | | | | | |
| | ent C Corporation members with income of \$1,000 c 2 from line 1 . Enter here and on pg 1, Col A, Line | | | | | | |
| SCHEDULE B - CALCULATION FOR AN ENTITY WI | TH AT LEAST ONE NON-C CORP MEMB | ER WI | ΓΗ LESS Τ Colui | | 00 OF INCO | | |
| | | Su | b S Corps, In Partnerships | dividuals, LLCs, and Trusts | Number of Members | | |
| | esident members other than C Corporations net of | 1 | | | | | |
| | nresident members other than C Corporations with intions (attach schedule) | ' ' | | | | | |
| | de Island source income of nonresident members other than C Corporations with income of \$1,000 or e net of modifications. Subtract line 2 from line 1 . Enter here and on page 1, Column B, Line 1b | | | | | | |
| VORKSHEET FOR PAGE 1, LINE 5 | | | | | | | |
| | a Rhode Island nonresident real estate withholding - ONLY include if a breakdown of each shareholder's with- 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 mem structions). | 5b Rhode Island estimated tax paid by members on their personal return attributable to income on this return (see instructions). | | | | | | |
| 5c Excess Rhode Island withholding tax pai | | 5c | | | | | |
| 5d Rhode Island credit purchased by a men | 5d | | | | | | |
| 5e Total. Add lines 5a, 5b, 5c and 5d. Ente | 5e | | | | | | |
| Index penalties of perjuny I declare that I have | examined this return and accompanying schedules | and state | ements and t | o the hest of my | knowledge and | | |
| 1 3 32 | aration of preparer (other than taxpayer) is based on | | , | , | ny knowledge. | | |
| Paid preparer signature | Print name | Date | | Telephone nur | mber | | |
| Paid preparer address | City, town or post office | State | ZIP Code | PTIN | | | |