

State of Rhode Island and Providence Plantations 2017 Form RI-1096PT



17102999990101

Pass-through Withholding Return and Transmittal

	Name		F	ederal emple	oyer identification num
Amended					
Sub S Cor	Address				
300 3 001	Address 2				
LLC					
	City, town or post office	State	ZIP code E	E-mail addres	S
Partnership					
Trust	Year end Calendar Year: January 1, 2017 through December 31, 2017	Fiscal Y	_{′ear:} MM/DD/20	17 through	MM/DD/
	Calendar fear. January 1, 2017 through December 31, 2017	FISCAL I			
Cannot di	istribute due to Federal or State restrictions (see instructions) Mer	nbers v	vith less than \$1,000 i	n RI source i	ncome (see instructio
			Column A	9	Column B
WITHHOLDING	G CALCULATION		C Corporations only		ub S Corps, Individuals, Cs, Partnerships & Trusts
1 Rhode Is	land source income of nonresident members net of modification	1a	1	1b	
				-	
2 Rhode Is	land nonresident pass-through withholding rate	2a	a 7.0%	2b	5.99%
3 Rhode Is	land pass-through withholding. Multiply line 1 by line 2	30		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)					
6 Tentative	Rhode Island withholding for members. Subtract line 5 from line 4 (not l	ess thai	n zero)		
			/	-	1
7 Rhode Is	land estimated tax paid on Form RI-1096PT-ES	7			
8a Cradit for	withholding paid on behalf of reporting entity. Enter the identification				
	of issuing entity or entities below. (see instructions)	8a	1		
ID #	,				
	land nonresident withholding on real estate sales in 2017 ONLY if ent				
name, no	t members' names, was provided to Division of Taxation at time of closing	8b			
8c Other pay	yments	80	;		
9 Total pay	ments and credits. Add lines 7, 8a, 8b and 8c				
40 B :					
	due. If line 6 is greater than line 9, subtract line 9 from line 6. The amount 1099PTs being issued. Remit payment for balance due, plus any 221				
	TO BE IS being issued. Remit payment for balance due, plus any 221 to the return.		crost, using FUIII KI-1	10900.	
	••••••				
NOTE: The tota	al withholding from all RI-1099PTs that have been issued must	Nun	nber of 1099s issued:		
•	he amount from line 6 or line 9 above, whichever is larger.				
Attach	all ISSUED RI-1099PTs to the BACK of this Form RI-1096PT.	Tota	Il amount of 1099s issu	ued:	
11 Excess v be allocate NOTE: The tota equal th	withholding paid. If line 9 is greater than line 6, subtract line 6 from led to the RI-1099PTs being issued to the entity's members. Excess amounts and withholding from all RI-1099PTs that have been issued must	cannot l Nun	be refunded or carried for nber of 1099s issued:	prward. 11	



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17102999990102

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

		Column A Sub 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 income 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

5a Rhode Island nonresident real estate withholding - ONLY include if a breakdown of <u>each shareholder's with-</u> <u>holding amount</u> was provided to the RI Division of Taxation at the time of closing - Attach copy of 71.3 form	5a	
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 2017. 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
	1			

