

State of Rhode Island and Providence Plantations 2018 Form RI-1096PT



18102999990101

Pass-through Withholding Return and Transmittal

		Name		F	Federal en	nployer identification numbe
Ame	ended	Address				
Sub	b S Corp					
		Address 2				
LLC	2	City, town or post office	State	ZIP code	E-mail add	r000
Part	rtnership	City, town of post once	Sidle			1655
	aloromp	Year end				
Trus	st	Calendar Year: January 1, 2018 through December 31, 2018	Fiscal \	/ear: MM/DD/20)18 throu	ugh MM/DD/
			nbers v	Column A		e income (see instructions) Column B
WITHHO	LDING CA	LCULATION		C Corporations only	ý	Sub S Corps, Individuals, LLCs, Partnerships & Trusts
1 Rho	ode Island	source income of nonresident members net of modification	1a	1	11	
2 Rho	ode Island	nonresident pass-through withholding rate	2a	7.0%	21	5.99%
3 Rho	ode Island	pass-through withholding. Multiply line 1 by line 2	3a	1	3t)
4 TO	TAL Rhode	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 less than zero)						
7 Rho	ode Island	estimated tax paid on Form RI-1096PT-ES	7			
	mber(s) of is	holding paid on behalf of reporting entity. Enter the identification ssuing entity or entities below. (see instructions)	8a			
		nonresident withholding on real estate sales in 2018 ONLY if enti nbers' names, was provided to Division of Taxation at time of closing	-)		
8c Oth	her paymen	ıts	80	;		
9 Tota	tal payment	s and credits. Add lines 7, 8a, 8b and 8c				
to t	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 221 2210PT to the return.)
11 Excess withholding paid. If line 9 is greater than line 6, subtract line 6 from line 9. The amount on line 9 should be allocated to the RI-1099PTs being issued to the entity's members. Excess amounts cannot be refunded or carried forward.						
		nholding from all RI-1099PTs that have been issued must nount from line 6 or line 9 above, whichever is larger.	Nun	nber of 1099s issued:		
А	Attach all IS	SUED RI-1099PTs to the BACK of this Form RI-1096PT.	Tota	al amount of 1099s issu	ued:	



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18102999990102

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 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 2018. 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			