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9	Name	Federal employer identification number		
10	Amended			
11	Address			
12	Sub S Corp			
13	Address 2			
14	LLC			
15	City, town or post office	State	ZIP code	E-mail address
16	Partnership			
17	Year end			
18	Trust	Calendar Year: January 1, 2020 through December 31, 2020	Fiscal Year: MM/DD/2020	through MM/DD/
19	Cannot distribute due to Federal or State restrictions (see instructions)	Members with less than \$1,000 in RI source income (see instructions)		

21	WITHHOLDING CALCULATION	Column A C Corporations only	Column B Sub S Corps, Individuals, LLCs, Partnerships & Trusts
22	1 Rhode Island source income of nonresident members net of modification	1a	1b
23	2 Rhode Island nonresident pass-through withholding rate	2a 7.0%	2b 5.99%
24	3 Rhode Island pass-through withholding. Multiply line 1 by line 2	3a	3b
25	4 TOTAL Rhode Island pass-through withholding. Add lines 3a and 3b	4	
26	5 Rhode Island nonresident real estate withholding (see worksheet on page 2 for other payments)	5	
27	6 Tentative Rhode Island withholding for members. Subtract line 5 from line 4 (not less than zero)	6	
28	7 Rhode Island estimated tax paid on Form RI-1096PT-ES	7	
29	8a Credit for withholding paid on behalf of reporting entity. Enter the identification number(s) of issuing entity or entities below. (see instructions)	8a	
30	ID #		
31	8b Rhode Island nonresident withholding on real estate sales in 2020 ONLY if entity name, not members' names, was provided to Division of Taxation at time of closing	8b	
32	8c Other payments	8c	
33	9 Total payments and credits. Add lines 7, 8a, 8b and 8c	9	
34	10 Balance due. If line 6 is greater than line 9, subtract line 9 from line 6. The amount from line 6 should be allocated to the RI-1099PTs being issued. Remit payment for balance due, plus any 2210PT interest, using Form RI-1096V. Attach the RI-2210PT to the return.	10	
35	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.	11	

NOTE: The total withholding from all RI-1099PTs that have been issued must equal the amount from line 6 or line 9 above, whichever is larger. Attach all ISSUED RI-1099PTs to the BACK of this Form RI-1096PT.

Number of 1099s issued: _____
Total amount of 1099s issued: _____

State of Rhode Island Division of Taxation

2020 Form RI-1096PT



Pass-through Withholding Return and Transmittal

20102999990102

Name Federal employer identification number

SCHEDULE A -

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)
2- Rhode Island source income of those nonresident C Corporation members with income of less than \$1,000 net of modifications (attach schedule)
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

1
2
3

SCHEDULE B -

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)
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)
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

1
2
3

WORKSHEET FOR PAGE 1, LINE 5

- 5a Rhode Island nonresident real estate withholding - ONLY include if a breakdown of each shareholder's withholding 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 instructions).
5c Excess Rhode Island withholding tax paid by this entity for members (see instructions)
5d Rhode Island credit purchased by a member for use in 2020. Refer to Schedule CR for eligible credits
5e Total. Add lines 5a, 5b, 5c and 5d. Enter here and on page 1, line 5

5a
5b
5c
5d
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

May the Division of Taxation contact your preparer? YES