State of Rhode Island Division of Taxation

2021 Form RI-1040C

Composite Income Tax Return

21102499990101

		Name	Federal employer identification number
X	Amended	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
		Address	
X	Sub S Corp	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
		Address 2	
X	LLC	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
		City, town or post office / State / ZIP code	E-mail address
X	Partnership	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999	XXXXXXXXXXXXXXXXXXX
		Year end	
X	Trust	X Calendar Year: January 1, 2021 through December 31, 2021 X Fiscal Year: 06/02/2021 through 06/01/2022	

SECTION A: COMPUTATION OF INCOME

1	Total Federal Taxable income from Federal Form 1120S, line 21, Federal Form 1065, line 22 or Federal Form 1041, line 22, plus any separately stated income or deduction items listed on Federal K-1		1 9999999999 99
	MODIFICATIONS INCREASING FEDERAL TAXABLE INCOME		
2a	Income from obligations of any state or its political subdivisions, other than RI (attach documentation)	2a 9999999999 99	
b	Bonus Depreciation	2b 9999999999 99	
c	Taxable portion of Paycheck Protection Program Loan amount under RIGL §44-30-12(b)(8)	2c 9999999999 99	
d	Other modifications (attach documentation)	2d 9999999999 99	
3	Total modifications INCREASING Federal Taxable Income. Add lines 2a, 2b, 2c and 2d		3 9999999999 99
	MODIFICATIONS DECREASING FEDERAL TAXABLE INCOME		
4a	Income from obligations of the US government included in federal income but exempt from state income taxes (attach documentation)	4a 9999999999 99	
b	Bonus Depreciation and Section 179 Depreciation	4b 9999999999 99	
c	Other modifications (attach documentation)	4c 9999999999 99	
5	Total modifications **DECREASING** Federal Taxable Income. Add lines 4a, 4b and 4c		5 9999999999 99
6	Modified Federal Taxable Income. Line 1 plus line 3 less line 5		6 9999999999 99
7	RI apportionment ratio from pg 2, Section C, line 27. (Multistate entities only - entities solely in RI enter 1.0000)		7 0.1234
8	Rhode Island source income. Multiply line 6 by line 7		8 9999999999 99

SECTION B: COMPUTATION OF TAX

9	Rhode Island income tax using the **COMPOSITE INCOME TAX RATE**. Multiply line 8 by 5.99% (0.0599)		9 9999999999 99
10	Qualified electing nonresident members' percent of ownership. If all members are nonresidents enter 1.0000		10 0.1111
11	Rhode Island income tax of qualified electing nonresident members. Multiply line 9 by line 10		11 9999999999 99
12	Rhode Island estimated payments made on RI-1040C-ES and amount applied from 2020 composite return	12 9999999999 99	
13	Rhode Island nonresident real estate withholding of qualified electing nonresident members	13 9999999999 99	
14	Rhode Island nonresident withholding received from pass-through entities from Form RI-1099PT. **Attach form(s)**	14 9999999999 99	
15	Other payments	15 9999999999 99	
16	Total payments. Add lines 12, 13, 14 and 15		16 9999999999 99
17	**AMOUNT DUE**. If line 11 is **LARGER** than line 16, subtract line 16 from line 11		17 9999999999 99
18	Underestimating interest		18 9999999999 99
19	**TOTAL AMOUNT DUE**. Add lines 17 and 18. Complete Form RI-1040C-V	☹	19 9999999999 99
20	**OVERPAYMENT**. If line 11 is **SMALLER** than line 16, subtract line 11 from line 16. This is the amount overpaid. **If there is an amount due for underestimating interest on line 18, subtract line 18 from line 20**	☺	20 9999999999 99
21	Amount of overpayment to be refunded		21 9999999999 99
22	Amount of overpayment to be applied to 2022 RI-1040C estimated tax	22 9999999999 99	

DRAFT 09/20/21

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Composite Income Tax Return

21102499990102

Name	Federal employer identification number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999

SECTION C: APPORTIONMENT

AVERAGE NET BOOK VALUE		Column A Rhode Island	Column B Everywhere
23a Inventory	23a	999999999 99	999999999 99
b Depreciable assets	23b	999999999 99	999999999 99
c Land	23c	999999999 99	999999999 99
d Rent (8 times annual net rental rate)	23d	999999999 99	999999999 99
e Total. Add lines 23a, 23b, 23c and 23d	23e	999999999 99	999999999 99
f Ratio in Rhode Island, line 23e, Column A divided by line 23e, Column B. Calculate to four (4) decimal places	23f		0.1234
RECEIPTS			
24a Gross receipts — Rhode Island Sales	24a	999999999 99	999999999 99
Sales Under 44-11-14(a)(2)(i)(B)		999999999 99	
b Dividends	24b	999999999 99	999999999 99
c Interest	24c	999999999 99	999999999 99
d Rents	24d	999999999 99	999999999 99
e Royalties	24e	999999999 99	999999999 99
f Net capital gains	24f	999999999 99	999999999 99
g Ordinary income	24g	999999999 99	999999999 99
h Other income	24h	999999999 99	999999999 99
i Income exempt from federal taxation	24i	999999999 99	999999999 99
j Total. Add lines 24a, 24b, 24c, 24d, 24e, 24f, 24g, 24h and 24i	24j	999999999 99	999999999 99
k Ratio in Rhode Island, line 24j, Column A divided by line 24j, Column B. Calculate to four (4) decimal places	24k		0.1234
SALARIES			
25a Salaries and wages paid or incurred	25a	999999999 99	999999999 99
b Ratio in Rhode Island, line 25a, Column A divided by line 25a, Column B. Calculate to four (4) decimal places	25b		0.1234
RATIO			
26 Total of Rhode Island ratios shown on lines 23f, 24k and 25b	26		0.1234
27 Apportionment Ratio. Divide line 26 by the number 3 or the number of ratios used. Enter here and on pg 1, Sect A, line 7	27		0.1234

SECTION D: QUALIFIED ELECTING MEMBER INFORMATION

If needed, attach additional schedules.

Name	Address	Social Security Number	RI Source Income	RI Income Tax
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	999999999
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	999999999
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	999999999
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	999999999

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
	XXXXXXXXXXXXXXXXXXXXXXX	06/03/2017	(999) 999-9999

Paid preparer signature	Print name	Date	Telephone number
	XXXXXXXXXXXXXXXXXXXXXXX	06/03/2017	(999) 999-9999

Paid preparer address	City, town or post office	State	ZIP Code	PTIN
XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXX	XX	99999	P99999999

May the Division of Taxation contact your preparer? ☒ YES

Mail to: RI Division of Taxation, One Capitol Hill, Providence, RI 02908

DRAFT 06/20/2017