

## State of Rhode Island Division of Taxation

## 2021 RI-1041

## Fiduciary Income Tax Return

box:	ederal employer identification number		
Estates and Trusts  Name and title of fiduciary			
Bankruptcy Estate Address 1			
Amended Return Address 2			
City, town or post office State ZIP code E-mail address			
Year End Calendar Year: 01/01/2021 through 12/31/2021 Fiscal Year: beginning MM / DD / 2021 th	nrough $MM/DD/2022$		
Income 1 Federal total income of fiduciary from Federal Form 1041, line 9	1		
2 Modifications increasing federal total income from Schedule M, line 2l 2			
3 Modifications decreasing federal total income from Schedule M, line 1w 3			
4 Net modifications. Combine lines 2 and 3	4		
5 Modified federal total income. Combine lines 1 and 4 (add net increases or subtract net decreases)	5		
6 Federal total deductions from Federal Form 1041, lines 16 and 22 (see instructions)	6		
7 RI taxable income. Subtract line 6 from line 5	7		
Tax and 8 Rhode Island income tax from RI-1041 Tax Computation Worksheet	8		
Credits 9 Allocation. Enter amount from page 2, line 34 (resident estate or trusts enter 1.0000)	9		
10 Rhode Island income tax after allocation. Multiply line 8 by line 9	10		
11 Credit for income taxes paid to other states from pg 2, line 41 (resident only) 11			
12 Other Rhode Island credits from Schedule CR, line 9			
13 Total Rhode Island credits. Add lines 11 and 12	13		
14a Rhode Island income tax after RI credits. Subtract line 13 from line 10 (not less than zero)			
b Recapture of Prior Year Other Rhode Island Credits from Schedule CR, line 12	14b		
c Electing Small Business Trust Tax. (see instructions)			
d TOTAL RHODE ISLAND TAX. Add lines 14a, 14b and 14c	14d		
Payments 15a Rhode Island 2021 income tax withheld from Schedule W, line 16			
All Forms W-2 and 1099 with RI withholding AND Schedule W must be attached. 15a			
b Payments on 2021 Form RI-1041ES and credits carried forward from 2020 15b			
c Nonresident real estate withholding (nonresident estate or trust only) 15c			
d Other payments			
	15e		
Amount 16a <b>TAX DUE</b> . If line 14d is larger than line 15e, <b>SUBTRACT</b> line 15e from line 14d.			
Due b Enter underestimating interest due. Add to line 16a or subtract from line 17 16b			
	16c		
Refund 17 If line 15e is larger than line 14d, <b>SUBTRACT</b> line 14d from 15e. <b>This is the amount you overpaid</b> .			
	17		
18 Amount of overpayment to be refunded			
19 Amount of overpayment to be applied to 2022 estimated tax	19		
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which	,		
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		



## State of Rhode Island Division of Taxation **2021 RI-1041**

Fiduciary Income Tax Return

Name of estate or trust	Federal employer identification number

SC	HEC	OULE I		CIARY INFORMA	(All estates and trus		State of	le) Social Security Number
20	Bene	eficiary						
	Done	molary						
21	Bene	eficiary						
22	Bene	eficiary						
	If mo	ore space is	needed, please atta	ch the required information	on on a separate sheet of pape	r.		
SC	HFI	DUI F II	ALLOCATION	ON AND MODIFI	CATION (To be complete	d by trusts and estate	es with no	onresident beneficiaries)
SCHEDULL II			Column A	Column B	Column C	Column D	25 With The	Column E
			Percent of beneficiaries'	Column A times total federal income page 1, line 1	Column A times total net modifications page 1, line 4	Combine Columns B a (add net increases subtract net decreas	or c	esidents enter amount from ol D. Nonresidents enter RI source income from col B.
			interest (must equal 100%)	Total Federal Income	Modifications to Federal Income	Modified Federal In	come -	Total RI Source Income
Resident Beneficiaries	23	Beneficiary	<i>/</i>					
	24	Beneficiary	<b>/</b>					
	25	Beneficiary	/					
	26	Beneficiary	<i>/</i>					
Nonresident Beneficiaries	27	Beneficiary	<b>/</b>					
	28	Beneficiar	y					
	29	Beneficiary	/					
	30	Beneficiary	<i>J</i>					
31	Tota	al	100%					
32	Mod	ifications to	Rhode Island source	e income. Enter amount f	rom column C that is included	in column E	. 32	
33	Mod	ified Rhode I	sland source incom	e. Combine lines 31, col I	E and 32 (add net increases - si	ubtract net decreases	33	
34	RI al	llocation. Di	vide line 33 by line 3	31, col D (not greater than	1.000). Enter here and on RI	-1041, page 1, line 9.	. 34	
SC		DULE III			AXES PAID TO ANO			nt estates or trusts only)
35								
36	,							
	Modified federal total income from page 1, line 5							
38 39	88 Divide line 36 by line 37							<u> </u>
59 40							40	
+0 41					LEST). Enter here and on RI-			
	iviax	iiiiuiii tax olt	Jan (IIIIO 55, 55 01 41	o, willonever is the SWAL	LEGI). LINGI HEIE AND ON NI	10-1, page 1, iiile 11	41	