

State of Rhode Island Division of Taxation
2020 Form RI-PPP - Entity
 Paycheck Protection Program Tax Return for an Entity

Federal employer identification number		For the taxable year from	
		MM/DD/2020	through MM/DD/YYYY
Name		E-mail address	
Address 1		Address 2	
City, town or post office		State	ZIP code

LLC
 LLP
 LP
 Partnership
 SMLLC
 S-Corp
 C-Corp
 Sole Proprietor

Schedule A: Calculation of Tax

1	Paycheck Protection Program Loan forgiveness amount.....	1	
2	Paycheck Protection Program Loan forgiveness amount not subject to tax.....	2	250000 00
3	Net Paycheck Protection Program Loan forgiveness amount. Subtract line 2 from line 1.....	3	
4	Reported Adjusted Taxable Income from RI-1120C, RI-1120S, or RI-1065, line 4.....	4	
5	New adjusted taxable income. Add lines 3 and 4.....	5	
6	Apportionment Ratio.....	6	
7	Apportioned adjusted taxable income.....	7	
8	Tax: Multiply line 7 by the applicable tax rate - C-Corps 7.0%, All others 5.99%.....	8	
9	Tax due on original return.....	9	
10	Additional Rhode Island Credits from RI Schedule B-CR. Do not include any amount used on original return	10	
11	Tax due on taxable portion of the PPP Loan Forgiveness amount. Subtract lines 9 and 10 from line 8.....	11	

Schedule B: Election

Are you electing to have the member(s)/partner(s) of the entity receiving the PPP Loan Forgiveness file individually claiming the applicable apportioned share of the taxable portion of the PPP Loan Forgiveness amount?

YES NO

If yes, do not pay the tax due on line 10 and complete the table in Schedule C on page 2 with the information for each member/partner of the entity.

ALL INFORMATION IS REQUIRED. OTHERWISE, THE ENTITY WILL BE REQUIRED TO PAY THE TAX DUE.

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

