





21102999990102

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) .....	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. <b>Subtract line 2 from line 1.</b> Enter here and on pg 1, Col A, Line 1a	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) .....	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. <b>Subtract line 2 from line 1.</b> Enter here and on page 1, Column B, Line 1b	3	

**WORKSHEET FOR PAGE 1, LINE 5**

5a Rhode Island nonresident real estate withholding - <b>ONLY</b> include if a breakdown of <b>each shareholder's withholding amount</b> 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 instructions).	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 2021. Refer to Schedule CR for eligible 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

May the Division of Taxation contact your preparer?  YES