

State of Rhode Island Division of Taxation
2021 Form RI-1040C
 Composite Income Tax Return



21102499990101

| | | | | | | |
|---|---|--|-------|--|----------------|--|
| <input type="checkbox"/> Amended <input type="checkbox"/> Sub S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust | Name | | | Federal employer identification number | | |
| | Address | | | | | |
| | Address 2 | | | | | |
| | City, town or post office | | State | ZIP code | E-mail address | |
| | Year end | | | | | |
| | <input type="checkbox"/> Calendar Year: January 1, 2021 through December 31, 2021 | | | <input type="checkbox"/> Fiscal Year: MM/DD/2021 through MM/DD/___ | | |

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

MODIFICATIONS INCREASING FEDERAL TAXABLE INCOME

2a Income from obligations of any state or its political subdivisions, other than RI (attach documentation) 2a

b Bonus Depreciation 2b

c Other modifications (attach documentation) 2c

d Taxable portion of Paycheck Protection Program amount under RIGL §44-30-12(b)(8).. 2d

3 Total modifications **INCREASING** Federal Taxable Income. Add lines 2a, 2b and 2c 3

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

b Bonus Depreciation and Section 179 Depreciation 4b

c Other modifications (attach documentation) 4c

5 Total modifications **DECREASING** Federal Taxable Income. Add lines 4a, 4b and 4c..... 5

6 Modified Federal Taxable Income. Line 1 plus line 3 less line 5 6

7 RI apportionment ratio from pg 2, Section C, line 27. (Multistate entities only - entities solely in RI enter 1.0000)..... 7

8 Rhode Island source income. Multiply line 6 by line 7 8

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

10 Qualified electing nonresident members' percent of ownership. If all members are nonresidents enter 1.0000 10

11 Rhode Island income tax of qualified electing nonresident members. Multiply line 9 by line 10 11

12 Rhode Island estimated payments made on RI-1040C-ES and amount applied from 2020 composite return..... 12

13 Rhode Island nonresident real estate withholding of qualified electing nonresident members..... 13

14 Rhode Island nonresident withholding received from pass-through entities from Form RI-1099PT. **Attach form(s)**..... 14

15 Other payments..... 15

16 Total payments. Add lines 12, 13, 14 and 15 16

17 **AMOUNT DUE**. If line 11 is **LARGER** than line 16, subtract line 16 from line 11..... 17

18 Underestimating interest..... 18

19 **TOTAL AMOUNT DUE**. Add lines 17 and 18. Complete Form RI-1040C-V ☹️ 19

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

21 Amount of overpayment to be refunded 21

22 Amount of overpayment to be applied to 2022 RI-1040C estimated tax 22



| | |
|------|--|
| Name | Federal employer identification number |
| | |

SECTION C: APPORTIONMENT
AVERAGE NET BOOK VALUE

| | | Column A Rhode Island | | Column B Everywhere |
|--|-----|--------------------------|--|------------------------|
| 23a Inventory..... | 23a | | | |
| b Depreciable assets..... | 23b | | | |
| c Land..... | 23c | | | |
| d Rent (8 times annual net rental rate)..... | 23d | | | |
| e Total. Add lines 23a, 23b, 23c and 23d..... | 23e | | | |
| f Ratio in Rhode Island, line 23e, Column A divided by line 23e, Column B. Calculate to four (4) decimal places..... | 23f | | | |

RECEIPTS

| | | | | | |
|--|---|---------------------------------------|-----|--|--|
| 24a Gross receipts..... | { | Rhode Island Sales..... | 24a | | |
| | | Sales Under 44-11-14(a)(2)(i)(B)..... | | | |
| b Dividends..... | | | 24b | | |
| c Interest..... | | | 24c | | |
| d Rents..... | | | 24d | | |
| e Royalties..... | | | 24e | | |
| f Net capital gains..... | | | 24f | | |
| g Ordinary income..... | | | 24g | | |
| h Other income..... | | | 24h | | |
| i Income exempt from federal taxation..... | | | 24i | | |
| j Total. Add lines 24a, 24b, 24c, 24d, 24e, 24f, 24g, 24h and 24i..... | | | 24j | | |
| k Ratio in Rhode Island, line 24j, Column A divided by line 24j, Column B. Calculate to four (4) decimal places..... | | | 24k | | |

SALARIES

| | | | | |
|--|-----|--|--|--|
| 25a Salaries and wages paid or incurred..... | 25a | | | |
| b Ratio in Rhode Island, line 25a, Column A divided by line 25a, Column B. Calculate to four (4) decimal places..... | 25b | | | |

RATIO

| | | | | |
|---|----|--|--|--|
| 26 Total of Rhode Island ratios shown on lines 23f, 24k and 25b..... | 26 | | | |
| 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 | | | |

SECTION D: QUALIFIED ELECTING MEMBER INFORMATION If needed, attach additional schedules.

| NAME | ADDRESS | SOCIAL SECURITY NUMBER | RI SOURCE INCOME | RI INCOME TAX |
|------|---------|------------------------|------------------|---------------|
| | | | | |
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| | | | | |

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 |