State of Rhode Island Division of Taxation

2023 Form RI-1120POL

Political Organization Tax Return

| Initial Return Final Return Short Year Address Change Amended | | Name | | | | Fe | Federal employer identification number | | | |
|--|---|---|---------------------------|-------------|-----------------|------------|---|--------------|---------------------|------------|
| | | Address | | | | Fo | For the period ending: | | | |
| | | | | | | | | | | |
| | | Address 2 | | | | | | | | |
| | | | | | | | | | | |
| | | City, town or post office | e | State | ZIP code | E- | mail address | | | |
| | | | | | | | | | | |
| - | - | if your political organi | zation has more tha | ın \$100 ir | Political C | Organizati | on Taxable I | ncome ur | nder IRC Section 5 | 527(c) |
| , | Tax Cor | nputation - | | 4.0 | | | | | | |
| | | eral Taxable Income from mpt dividends and intere | | | | | | 1 | | - |
| Deductions | | • | | | | | | | | |
| | | o Rhode Island Special Deduction - \$100.00 | | | | | | 3 | | |
| | 4 Rhode Island adjusted taxable income. Subtract line 3 from line 1 | | | | | | | | | |
| 5. Rhode Island income tay. Multiply line 4 times the tay rate of 7.5% (0.075). If zero or less, enter zero. | | | | | | | | | | - |
| Tax and Payments | | ments made on 2023 BU | | | | • | | | | |
| - | | er payments | | | | | | | | |
| | | TAL PAYMENTS. Add line | | | | | | | | |
| Balance Due | | tax due. Subtract line 7 | | | | | | 8 | | |
| | | 9a Interest (12% per annum) | | | | | | | | |
| | | b Late payment penalty (0.5% per month) | | | | | | | | |
| | | | | | | | | 4 | | |
| | | TAL INTEREST AND PEN | | | | | | | | |
| Refund | | al due with return. Add lin | | | | | | | | |
| | | erpayment. Subtract line bunt of overpayment to be | | | | | | | | - |
| | | und. Subtract line 13 from | | | | | | | | |
| | 14 11610 | una. Subtract line 15 irol | 11 11116 12 | | | | | | • | |
| Instructions for completing this form | | | | | | | | | | |
| Return is due on or before the 15th day of the 3rd month after close of the taxable year. | | | | | | | | | | |
| Line 1: Enter Federal Taxable Income from Form 1120-POL, line 19. Line 9a: Interest due at 12% per annum, 1.0% per | | | | | | | | | | oly line 8 |
| | | · | | | | | nes 1.0% (0.010) times the number of months late. ate payment penalty at 0.5% per month to a max of 25%. | | | |
| | | | | | | | | | mes the number of r | |
| | | and adjusted taxable income. Subtract line 3 from late. | | | | | | | | |
| | line 1. Rhode Isla | | | | | | ng penalty at 5% per month to a max of 25%. Multiply mes 5% (0.05) times the number of months late. | | | |
| | | | | | | | terest and penalties. Add lines 9a, 9b and 9c. | | | |
| | | , | | | | | ue with return. Add lines 8 and 10. | | | |
| | | | | | | | rpayment. Subtract line 5 from line 7. unt to be credited to 2024 estimated tax payments. | | | |
| | | e. Subtract line 7 from line 5. Line 14: Amount to be refunded. Subtract line 13 from line 12. | | | | | | | | |
| | | Mail to: | RI Division of Taxatio | n - One Ca | apitol Hill - I | Providence | . RI 02908 | | | |
| Under per | nalties of p | perjury, I declare that I ha | | | - | | | s, and to th | e best of my knowle | dge and |
| belief, it i | is true, acc | curate and complete. De | claration of preparer (o | ther than | | based on a | II information | of which pr | eparer has any know | |
| Authorize | d officer si | gnature | Print r | name | | | Date | Te | elephone number | |
| | | | | | | | | | | |
| Paid preparer signature | | | Print name | | | | Date Telephone number | | | |
| | | | | | | | | | | |
| Paid preparer address | | ess | City, town or post office | | State | zIP code | | PTIN | | |
| | | | • | | | | | | | |
| | | | | | | | | | | |