

State of Rhode Island Division of Taxation

2023 Form RI-1040

Resident Individual Income Tax Return



23100199990101

Your social security number Spouse's social security number

9999999999

9999999999

Reserved for 2D barcode

Your first name MI Last name Suffix

XXXXXXXXXXXXXXXXXX

X

XXXXXXXXXXXXXXXXXX

XXX

Spouse's name MI Last name Suffix

XXXXXXXXXXXXXXXXXX

X

XXXXXXXXXXXXXXXXXX

XXX

Address

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City, town or post office State ZIP code

XXXXXXXXXXXXXXXXXXXX

XX

99999

City or town of legal residence

XXXXXXXXXXXXXXXXXXXX

Check each box that applies. Otherwise, leave blank.

Primary deceased?

X

Spouse deceased?

X

New address?

X

Amended Return? *

X

ELECTORAL CONTRIBUTION

If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.)

X Yes

If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.

XXXXXXXXXXXX

FILING STATUS

Check one

Single ☒Married filing jointly ☒Married filing separately ☒Head of household ☒Qualifying widow(er) ☒

INCOME, TAX AND CREDITS

1 Federal AGI from Federal Form 1040 or 1040-SR, line 11 1 9999999999 99

2 Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line. 2 9999999999 99

3 Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)..... 3 9999999999 99

4 RI Standard Deduction from left. If line 3 is over \$ 233,750 see Standard Deduction Worksheet..... 4 9999999999 99

5 Subtract line 4 from line 3. If zero or less, enter 0..... 5 9999999999 99

6 Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,700 and enter result on line 6. If line 3 is over \$233,750, see Exemption Worksheet 99 X \$4,700 = 6 9999999999 99

7 RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0..... 7 9999999999 99

8 RI income tax from Rhode Island Tax Table or Tax Computation Worksheet..... 8 9999999999 99

9a RI percentage of allowable Federal credit from page 3, RI Sch I, line 22..... 9a 9999999999 99

b RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29..... 9b 9999999999 99 X Check ✓ to certify use tax amount on line 12a is accurate.

c Other Rhode Island Credits from RI Schedule CR, line 9..... 9c 9999999999 99

d Total RI credits. Add lines 9a, 9b and 9c..... 9d 9999999999 99

10a Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero)..... 10a 9999999999 99

b Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 12..... 10b 9999999999 99

11 RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due 11 9999999999 99

12a USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies..... 12a 9999999999 99

b Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage. X 12b 9999999999 99

13a TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b..... 13a 9999999999 99

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

* If filing an amended return, attach the Explanation of Changes supplemental page

2023 Form RI-1040

Resident Individual Income Tax Return - page 2

23100199990102

Name(s) shown on Form RI-1040 or RI-1040NR

XXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

Your social security number

999999999

13b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a..... 13b 9999999999 99

14a RI 2023 income tax withheld from RI Schedule W, line 16. You must
attach Sch W AND all W-2 and 1099 forms with RI withholding..... 14a 9999999999 99

b 2023 estimated tax payments and amount applied from 2022 return 14b 9999999999 99

c Property tax relief credit from RI-1040H, line 13. Attach RI-1040H..... 14c 9999999999 99

d RI earned income credit from page 3, RI Schedule EIC, line 40..... 14d 9999999999 99

e RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238... 14e 9999999999 99

f Other payments..... 14f 9999999999 99

g TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f..... 14g 9999999999 99

h Previously issued overpayments (if filing an amended return)..... 14h 9999999999 99

i NET PAYMENTS. Subtract line 14h from line 14g..... 14i 9999999999 99

15a AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b..... 15a 9999999999 99

b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form)
This amount should be added to line 15a or subtracted from line 16, whichever applies..... 15b 9999999999 99

c TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment ☹️ 15c 9999999999 99

16 AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there
is an amount due for underestimating interest on line 15b, subtract line 15b from line 16..... ☺️ 16 9999999999 99

17 Amount of overpayment to be refunded..... 17 9999999999 99

18 Amount of overpayment to be applied to 2024 estimated tax..... 18 9999999999 99

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.

Your signature

Your driver's license number

and state

Date

Telephone number

9999999999

XX

09/28/20

(999) 999-9999

Spouse's signature

Spouse's driver's license number and state

Date

Telephone number

9999999999

XX

09/28/20

(999) 999-9999

Paid preparer signature

Print name

Date

Telephone number

XXXXXXXXXXXXXXXXXXXXXX

09/28/20

(999) 999-9999

Paid preparer address

City, town or post office

State

ZIP code

PTIN

XXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXX

XX

99999

P999999999

May the Division of Taxation contact your preparer? YES ☒ NO

111111111122222222223333333333444444555555555566666666667777777777888

3456789012345678901234567890123456789012345678901234567890123456789012

4 State of Rhode Island Division of Taxation



2023 Form RI-1040

Resident Individual Income Tax Return - page 3

23100199990103

Name(s) shown on Form RI-1040 or RI-1040NR

Your social security number

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RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

19	RI income tax from page 1, line 8	19	9999999999	99
20	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2.....	20	9999999999	99
21	Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....	21	9999999999	99
22	MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a.....	22	9999999999	99

RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE
(ATTACH COPY OF OTHER STATE(S) RETURN)

23	RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22	23	9999999999	99
24	Income derived from other state. If more than one state, see instructions.....	24	9999999999	99
25	Modified federal AGI from page 1, line 3.....	25	9999999999	99
26	Divide line 24 by line 25	26	0.9999	
27	Tentative credit. Multiply line 23 by line 26.....	27	9999999999	99
28	Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid XX	28	9999999999	99
29	MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b	29	9999999999	99

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		\$1.00	\$5.00	\$10.00	Other		
30	Drug program account RIGL §44-30-2.4	☐	☐	☐	☐	30	9999999999 99
31	Olympic Contribution RIGL §44-30-2.1 Yes ☐ \$1.00 contribution (\$2.00 if a joint return)	☐	☐	☐	☐	31	9999999999 99
32	RI Organ Transplant Fund RIGL §44-30-2.5	☐	☐	☐	☐	32	9999999999 99
33	RI Council on the Arts RIGL §42-75.1-1	☐	☐	☐	☐	33	9999999999 99
34	Nongame Wildlife Fund RIGL §44-30-2.2	☐	☐	☐	☐	34	9999999999 99
35	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11	☐	☐	☐	☐	35	9999999999 99
36	RI Military Family Relief Fund RIGL §44-30-2.9	☐	☐	☐	☐	36	9999999999 99
37	TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11					37	9999999999 99

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

38	Federal earned income credit from Federal Form 1040 or 1040-SR, line 27.....	38	9999999999	99
39	Rhode Island percentage.....	39	15%	
40	RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d	40	9999999999	99

111111111122222222223333333333444444555555555566666666667777777777888

3456789012345678901234567890123456789012345678901234567890123456789012

2023 RI Schedule W

Rhode Island W-2 and 1099 Information - Page 4

23101099990101

Name(s) shown on Form RI-1040 or RI-1040NR

Your social security number

XXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

999999999

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.

Failure to do so may delay the processing of your return.

ATTACH THIS SCHEDULE W TO YOUR RETURN

	Column A Enter "S" if Spouse's W-2 or 1099	Column B Enter 1099 letter code from chart	Column C Employer's Name from Box C of your W- 2 or Payer's Name from your Form 1099	Column D Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Column E Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
2	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
3	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
4	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
5	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
6	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
7	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
8	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
9	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
10	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
11	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
12	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
13	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
14	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
15	X	X	XXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999 99
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a.....				999999999 99
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld				99999999

Schedule W Reference Chart

Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT		17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	11
1099-B	B	16	1099-MISC	M	16	RI K-1	P	Sect. IV, line 2
1099-DIV	D	16	1099-NEC	N	5			

2023 RI Schedule E

Exemption Schedule for RI-1040 and RI-1040NR

23105999990101

Name(s) shown on Form RI-1040 or RI-1040NR

Your social security number

XXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

999999999

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN

Failure to do so may delay the processing of your return.

1a Yourself ☒b Spouse ☒

(A) Name of Dependent

(B) Social Security Number

(C) Date of Birth

(D) Relationship

2a XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

b XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

c XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

d XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

e XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

f XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

g XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

h XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

i XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

j XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

k XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

l XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

m XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 09282020 XXXXXXXXX

Exemption Number Summary

3 Enter the number of boxes checked on lines 1a and 1b 3 999999999

4a Enter the number of children from lines 2a through 2m who lived with you 4a 999999999

b Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation 4b 999999999

c Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b. 4c 999999999

5 Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6. 5 999999999