TEST 1 – RI-1040

Scenario: RI Residents Jason and Lily Bourne (deceased – 6/7/2025) of 1724 Ashe Street, Warwick, RI 02889 (new address) filing an amended Joint return with Federal AGI of $125,600.00. TPs have a balance due of $1,574.00 which is being paid with the filing.

Additional information:
SSN(s): 132-45-9779 & 143-45-8789
Electoral Contribution: YES
Specific Party: YES D
Exemption(s) 3
Use tax certification checkbox is checked.
Full year coverage checkbox is checked.
Estimates $0.00
Other Payments $223.00
Previously issued overpayments $130.00
Primary license number and state: 123456789 - RI
Spouse license number and state (if applicable): 213456789 - RI
PTIN P45678955
Contact Preparer YES
Line 20 Child and dependent care expenses $500.00
Checkoff Contributions:

Drug program	$10.00
Olympic	$2.00
RI Organ	$12.00
RI Council on the Arts	$14.00
Nongame Wildlife	$11.00
Childhood Disease	$12.00
Military Family	$20.00
Behavioral Health	$14.00

This test will use the following additional schedule(s) and form(s). Use the data provided below to populate the schedule(s) and form(s).:
RI Schedule CR
RI Schedule E
RI Schedule M
RI Schedule MU
RI Schedule U
RI Schedule W
Form RI-2210
Form RI-6238

RI Schedule CR

RI-0715	$177.00		
RI-2276	$125.00		
RI-286B	$140.00		
RI-5442	$150.00		
RI-6754	$175.00		
RI-7253	$125.00		
RI-8201	$110.00		
RI-9283	$210.00		
Recap #1	286B	Historic	$235.00
Recap #2	2276	Scholar	$165.00

RI Schedule E

"Yourself" checkbox is checked
"Spouse" checkbox is checked

Name of Dependent	Social Security Number	Date of Birth	Relationship
James Bourne	123457777	07032017	Son

RI Schedule M

Line 1a	$125.00	Line 1t	$0.00
Line 1b	$110.00	Line 1u	$250.00
Line 1c	$400.00	Line 1v	$0.00
Line 1d	$350.00	Line 1w	$105.00
Line 1e	$185.00	Line 1x	$0.00
Line 1f	$0.00		
Line 1g	$250.00	Line 2a	$165.00
Line 1h	$650.00	Line 2b	$214.00
Line 1i	$575.00	Line 2c	$134.00
Line 1j	$505.00	Line 2d	$114.00
Line 1k	$385.00	Line 2e	$302.00
Line 1l	$165.00	Line 2f	$285.00
Line 1m	$215.00	Line 2g	$177.00
Line 1n	$320.00	Line 2h	$103.00
Line 1o	$0.00	Line 2i	$141.00
Line 1p	$260.00	Line 2j	$130.00
Line 1q	$205.00	Line 2k	$0.00
Line 1r	$405.00	Line 2l	BLANK
Line 1s	$0.00		

RI Schedule MU

Income from MA	$500.00
Taxes paid to MA	$25.00
Income from CT	$1,000.00
Taxes paid to CT	$21.00

RI Schedule U

Line 1	$6,500.00
Line 3	$155.00

RI Schedule W

Line 1				Employer 1	129876543	157.00
Line 2		N		Employer 2	126789034	122.00
Line 3	S	A		Employer 3	121234567	128.00
Line 4		D		Employer 4	126677889	55.00
Line 5	S	M		Employer 5	124443335	65.00

Number of withholding documents – 5

RI-2210

Farmer Fishermen checkbox is checked.
Underestimating amount is $41.00.

RI-6238

Total Credit	$500.00

TEST 2 – RI-1040

Scenario: RI Resident Alex DeLarge with a new address of 81 Clockwork Drive in Providence, RI 02910 filing a Single return with Federal AGI of $35,000.00. TP did not have a healthcare exemption for 3 months and has a penalty amount due of $174 on line 12b. TP has an overpayment of $5,559.00 and is applying $1,559 of the overpayment to 2026 estimated tax with the rest being refunded.

Additional information:
SSN(s): 999-01-1234
Exemption(s) 1
Use tax certification checkbox is checked.
Estimates $35.00
Other Payments $102.00
Primary license number and state: 8675309 RI
Spouse license number and state (if applicable):
PTIN P12345678
Contact Preparer YES
Line 20 Child and dependent care expenses $0.00
Credit for taxes paid to CT

Income derived from CT	$1,000.00
Taxes paid to CT	$50.00

Checkoff Contributions

Drug program	$1.00
Olympic	$1.00
RI Organ	$2.00
RI Council on the Arts	$2.00
Nongame Wildlife	$5.00
Childhood Disease	$6.00
Military Family	$7.00
Behavior Health	$4.00

This test will use the following additional schedule(s) and form(s). Use the data provided below to populate the schedule(s) and form(s).:
RI Schedule CR
RI Schedule E
RI Schedule M
RI Schedule U
RI Schedule W
RI-1040H
Form RI-6238
Form IND-HEALTH
RI Schedule HR1 – Individual

RI Schedule CR

RI-0715	$10.00		
RI-2276	$15.00		
RI-286B	$17.00		
RI-5442	$0.00		
RI-6754	$20.00		
RI-7253	$22.00		
RI-8201	$23.00		
RI-9283	$25.00		
Recap #1	8201	Film	$20.00
Recap #2	286B	Historic	$30.00

TEST 2 – RI-1040 (continued)

RI Schedule E

"Yourself" checkbox is checked.

RI-1040H

A Checkbox	YES	1a	$225.00
B Checkbox	YES	1b	$35,000.00
C Checkbox	YES	1c	11/09/1940
D Checkbox	YES	1e checkbox	YES
E Checkbox	YES	2	$3,000.00

RI Schedule M

Line 1a	$355.00	Line 1t	11/09/1940
Line 1b	$75.00		$90.00
Line 1c	$110.00	Line 1u	$45.00
Line 1d	$80.00	Line 1v	$0.00
Line 1e	$195.00	Line 1w	$315.00
Line 1f	$0.00	Line 1x	$0.00
Line 1g	$135.00		
Line 1h	$85.00	Line 2a	$305.00
Line 1i	$140.00	Line 2b	$200.00
Line 1j	$100.00	Line 2c	$300.00
Line 1k	$65.00	Line 2d	$120.00
Line 1l	$365.00	Line 2e	$100.00
Line 1m	$200.00	Line 2f	$310.00
Line 1n	$240.00	Line 2g	$185.00
Line 1o	$0.00	Line 2h	$150.00
Line 1p	$55.00	Line 2i	$125.00
Line 1q	$55.00	Line 2j	$220.00
Line 1r	$130.00	Line 2k	$225.00
Line 1s	11/09/1940	Line 2l	BLANK
	$50.00		

RI Schedule U

Line 5	$35,000.00	Line 7b	$40.00
Line 6	$25.00	Line 8	$85.00
Line 7a	$20.00		

RI Schedule W

Line 1		P	Employer 1	991234567	120.00
Line 2			Employer 2	997654321	200.00
Line 3		E	Employer 3	991357924	150.00
Line 4		D	Employer 4	111234567	85.00
Line 5		A	Employer 5	117654321	65.00

Number of withholding documents – 5

RI-6238

Total Credit $5,000.00

TEST 2 – RI-1040 (continued)

RI Schedule HR1 – Individual

Line 1a	$100.00
Line 1b	$0.00
Line 1c	$85.00
Line 1d	$40.00

Form IND-HEALTH

Exemption Number: RI123456
Minimum Essential Coverage for the months of January through April
HSRI hardship for the months of May through September
No coverage or exemption for the remainder of the year

TEST 3 – RI-1040

Scenario: RI Residents Hawkeye Pierce and Rosemary Pierce with an address of 194 Mash Street in Johnston, RI 02919 filing an Amended Joint return with Federal AGI of $62,000.00. TP did not have minimum essential coverage or a healthcare exemption for 6 months. One dependent (under 18) also did not have minimum essential coverage or a healthcare exemption for 5 months. The other two dependents had full year coverage as did the spouse. The penalty amount due on line 12b is $492.00. TP has a balance due of $499.00.

Additional information:
SSN(s): 123-12-1234 & 845-22-1289
Electoral Contribution: YES
Exemption(s) 5
Estimates $0.00
Other Payments $0.00
Previously issued overpayments $46.00
Primary license number and state: 1223445 RI
Spouse license number and state (if applicable):
PTIN P34125687
Contact Preparer YES
Line 20 Child and dependent care expenses $200.00
Checkoff Contributions

Drug program	$4.00
Olympic	$2.00
RI Organ	$4.00
RI Council on the Arts	$5.00
Nongame Wildlife	$6.00
Childhood Disease	$6.00
Military Family	$5.00
Behavior Health	$4.00

Line 39 Federal EIC $1,200.00

This test will use the following additional schedule(s) and form(s). Use the data provided below to populate the schedule(s) and form(s).:
RI Schedule CR
RI Schedule E
RI Schedule M
RI Schedule MU
RI Schedule U
RI Schedule W
Form RI-2210
Form IND-HEALTH
RI Schedule HR1 – Individual

RI Schedule CR

RI-0715	$25.00	RI-7253	$13.00		
RI-2276	$35.00	RI-8201	$18.00		
RI-286B	$15.00	RI-9283	$12.00		
RI-5442	$17.00	Recap #1	0715	HistRes	$125.00
RI-6754	$20.00	Recap #2	8201	Film	$75.00

RI Schedule E

"Yourself" checkbox is checked.
"Spouse" checkbox is checked.

Name of Dependent	Social Security Number	Date of Birth	Relationship
JANE PIERCE	123451233	05272011	DAUGHTER
JESSE PIERCE	521443222	02012016	DAUGHTER
JADE PIERCE	992119364	01312010	DAUGHTER

RI Schedule M

Line 1a	$240.00	Line 1t	12/26/1950
Line 1b	$230.00		02/12/1952
Line 1c	$220.00		$15,000.00
Line 1d	$210.00	Line 1u	$200.00
Line 1e	$200.00	Line 1v	$250.00
Line 1f	$0.00	Line 1w	$300.00
Line 1g	$300.00	Line 1x	$100.00
Line 1h	$290.00		
Line 1i	$280.00	Line 2a	$305.00
Line 1j	$270.00	Line 2b	$0.00
Line 1k	$260.00	Line 2c	$140.00
Line 1l	$310.00	Line 2d	$200.00
Line 1m	$320.00	Line 2e	$325.00
Line 1n	$200.00	Line 2f	$315.00
Line 1o	$0.00	Line 2g	$230.00
Line 1p	$350.00	Line 2h	$135.00
Line 1q	$230.00	Line 2i	$100.00
Line 1r	$100.00	Line 2j	$210.00
Line 1s	12/26/1950	Line 2k	$70,065.00
	02/12/1952	Line 2l	BLANK
	$55,000.00		

RI Schedule MU

Income from DE	$3,000.00
Taxes paid to DE	$50.00
Income from VT	$2,005.00
Taxes paid to VT	$30.00
Income from ME	$4,022.00
Taxes paid to ME	$150.00
Income from AZ	$5,000.00
Taxes paid to AZ	$90.00

TEST 3 – RI-1040 (continued)

RI Schedule U

Line 1	$3,500.00
Line 3	$145.00

RI Schedule W

Line 1		P	Employer 1	999199999	117.00
Line 2			Employer 2	882888888	113.00
Line 3		R	Employer 3	774777777	65.00
Line 4		B	Employer 4	667666666	35.00

Number of withholding documents – 4

RI-2210

Annualization of Income checkbox is checked

Form IND-HEALTH

Primary - No Minimum Essential Coverage for the months of January through June; Minimum Essential Coverage from July through the end of the year
Spouse – Full Year Minimum Essential Coverage
Dependent 1 - No Minimum Essential Coverage for the months of January through May: Minimum Essential Coverage from June through the end of the year
Dependent 2 & 3 – Full Year Minimum Essential Coverage

RI Schedule K-1 issued to spouse

Section II includes:

Line 5 Business interest	$20,065.00
Line 6 Section 174A	$50,000.00

RI Schedule HR1 – Individual

Line 1a	$20,065.00
Line 1b	$50,000.00
Line 1c	$0.00
Line 1d	$0.00
Line 1e	$0.00

TEST 4 – RI-1040

Scenario: RI Resident Harry Potter of 21 Hogwarts Avenue, Providence, RI 02908 filing Married Filing Separately with Federal AGI of negative $67,500.00 and a decreasing modification of $1,215.00 for Railroad Retirement benefits on line 1d of RI Schedule M. TP has an overpayment of $500.00 to be refunded.

Additional information:
SSN(s): 246-12-1234
Electoral Contribution: No
Specific Party: No
Exemption(s) 1
Use tax certification checkbox is checked.
Full year coverage checkbox is checked.
Estimates $500.00
Primary license number and state: 7764221 - RI
Spouse license number and state (if applicable):
PTIN P45678899
Contact Preparer YES

This test will use the following additional schedule(s) and form(s). Use the data provided below to populate the schedule(s) and form(s).:
RI Schedule E
RI Schedule M

RI Schedule E

"Yourself" checkbox is checked

RI Schedule M

Line 1d $1,215.00