NAME		40NR First Name	IAXI	RETURN	TO BE U	Initial	ENTS A	ND PART-YEAR I		rs) =	200		ocial Se	curity Number
AND														
ADDRESS		Spouse's First Na	me			Initial			La	st Name		Spouse	e's Socia	al Security Number
please print or type		Present Home Ad	dress (N	lumber and sti	eet, inc	cluding apartment r	number	or rural route)				Daytim (e Teleph	none Number
		City, Town or Post	Office			State			Zip	code		City or	Town of	Legal Residence
Electoral Contribution		\$5.00 (\$10.00 if instructions. (Th	is will no	ot increase you		party, ch	eck the	1st \$2.00 (\$4.00 1st box and fill	in the na	ame of the p	oolitical pa	arty. If you		partisan general accour
FILING STATUS		Check only one box		1 Single	₂ [Married filing join		d to a nonpartis 3 Married fi			₄ 🔲	of Househo	<u></u>	Qualifying widow(er
INCOME,	1.	Federal AGI (Ad	djusted										$\overline{}$	
TAX AND CREDITS	2.	Net modification	ns to F	ederal AGI (i	f no m	odifications, ente	er zero	on this line) -	Page 2	2, Schedul	e I, Line	25	2.	
Single	3.	Modified Federa	al AGI -	- combine lin	es 1 a	nd 2 (add net in	crease	s or subtract	net dec	reases)			3.	
\$4,750 Married filing	4.	Deductions - RI			•	margin) or amou 69,750 if married f						-	1 4	
jointly or Qualifying		Subtract line 4											5.	
widow(er) \$7,950	6.	Exemptions - E If line 3 is over \$	nter fed 104,625	deral exempt <mark>i, see worksh</mark>	ions in eet on	n 6A then multiply page I-4 for exem	y by \$3 i <mark>ption a</mark>	3,050 and ent mount	er resul	t in 6B. 6	Α.	X \$3,050	= 6B.	
Married filing separately	7.	RI TAXABLE II	NCOME	E - subtract li	ne 6B	from line 5							7.	
#3,975 Head of household	8.	A. RI income to Check only one box		RI Tax Table		RI Schedule C	GW	RI Schedule	e D	RI Sched	ule J	☐ RI-8615	8A.	
#7,000 However,				Rate Sched		dule OT, line 15.							-	
people over 65, blind or	9.	RI alternative m											-	
can be claimed as a dependent,		. Total RI income											-	
see the RI Deduction	11	. RI percentage c	of allow	able Federal	credit	s from page 2, s	chedul	le II, line 34					11.	
Schedules on page 7, check	12	RI tax after allo	wable l	ederal cred	ts - be	fore allocation -	subtra	ct line 11 fron	n line 10) (not less	than zer	°o)	12.	
✓ this box and attach the schedule.	13	RI allocated inc		•	•	ne box) Inresident with in	ncome	from out-	l Part-	vear reside	ent with i	ncome fron		
		enter		t from line	side	e RI, complete paind enter result of	age 9,	schedule	outsid		plete pag	ge 11, sche		
	14	Other RI credits	- indic	ate credit for	m nun	nber(s)		attach	forms				14.	
		RI income tax a						ss than zero).					15.	
	16	RI checkoff con (contributions re				hedule IV, line 4: se your balance d							16.	
	17.	TOTAL RI TAX add lines 15 ar						from RI-T2	05P, pa	ge 3, line	24 (see	instructions) 17.	
PAYMENTS	18	. A. RI 2003 inc	ome ta	ıx withheld (β	olease	attach forms W-	2, 109	9, etc.)		18A.				
		B. 2003 estim	ated ta	x payments a	and an	nount applied fro	m 200	2 return		18B.			7	Check ✓ if extension is
		C. Nonresiden	t withh	olding on rea	al estat	te sales in 2003.				18C.				attached.
		D. RI earned i	ncome	credit from p	age 3	, RI Schedule E	IC, line	9		18D.				Ш
		E. Other paym	nents							18E.				
		F. TOTAL PA	YMENT	S AND CRE	DITS	- add lines 18A,	18B, 1	8C, 18D and	18E				18F.	
AMOUNT DUE	19	. If line 17 is LAF Check ✓ ☐ if				ract line 18F fror			HIS AM		mplete Ri	\	19.	
REFUND	20	. If line 18F is LA							UNT Y				20.	
ILLI GIAD	21	. Amount of over	payme	nt to be refu	nded								21.	
	22	. Amount of over	payme	nt to be appl	ied to 2	2004 estimated	tax			22.				1

RI-1040NR RI SCHEDULE I

2003

RI MODIFICATIONS TO FEDERAL AGI

,			tical	23A.				
B. Other modifications INCREASING Federal AGI (see instruction				23B.				
C. Total modifications INCREASING Federal AGI - add lines 23A						23C.		
24. A. Modifications DECREASING Federal AGI - income from obligation in Federal AGI but exempt from state income taxes (attach documents)	ations of the Ucumentation)	S governmer	nt included	24A.				
B. Other modifications DECREASING Federal AGI (see instruction	ons - attach do	cumentation)		24B.				
C. Total modifications DECREASING Federal AGI - add lines 24A	A and 24B (En	ter as a neg	ative amou	nt)	2	24C.	()
25. NET MODIFICATIONS TO FEDERAL AGI - combine lines 23C an	nd 24C (enter h	nere and on p	age 1, line	2)		25.		
RI SCHEDULE II ALLOWABLE F	EDERAL	CREDIT	ΓS					
26. RI income tax from page 1, line 10						26.		
27. Foreign tax credit from Federal Form 1040, line 44				27.	-			
28. Credit for child and dependent care expenses from Federal Form				28.				
29. Credit for the elderly or the disabled from Federal Form 1040, line			F	29.				
30. Federal mortgage interest credit from Federal Form 8396, line 11			-	30.				
31. Other federal credits (see instructions for credits) from Federal For				31.				
32. Total - add lines 27, 28, 29, 30 and 31			L		+	32.		
33. Tentative allowable federal credits - multiply line 32 by 25% (.25)					-	$\overline{}$		
					-	33.		
34. MAXIMUM CREDIT - line 26 or 33 whichever is SMALLER) - Ente	er nere and on	page i, line	11			34.		
NOTE: This schedule should be completed b III is located on page 9. PART-YEAR resider	y NONRE	SIDENT	S with in	ncome fro	om outside	e RI		
	y NONRE nts with ir nd PART- '	SIDENT	S with in	ncome fro	om outside	e Ri	e RI Sc	hedule
NOTE: This schedule should be completed by III is located on page 9. PART-YEAR resident V located on page 11. NONRESIDENTS and not need to complete either schedule III or V	y NONRE nts with ir nd PART- '	ESIDENT ncome fro YEAR re	S with in outsing sidents	ncome frome from the RI should be with all in the with all in	om outside ould compared from the frome from the	e RI olete om I	e RI Sc RI sour	hedule ces do
NOTE: This schedule should be completed be the second of t	y NONRE nts with ir nd PART-	ESIDENT ncome fro YEAR re	S with in outsing sidents	ncome frome from the RI shough the all in the with all in the windows and the windows are shown to the windows the	om outside ould comp ncome fro	e Ri plete om I	e RI Sc RI sour	hedule ces do
NOTE: This schedule should be completed by III is located on page 9. PART-YEAR resides V located on page 11. NONRESIDENTS and not need to complete either schedule III or V	y NONRE nts with ir nd PART- '. Y CONTI	ESIDENT ncome fro YEAR re	S with in outsing sidents	ncome frome from the RI shough the all in the with all in the windows and the windows are shown to the windows the	om outside ould compand on the front outside of the front outside of the front outside	e RI blete om I	e RI Sc RI sour	hedule ces do
NOTE: This schedule should be completed by III is located on page 9. PART-YEAR resides V located on page 11. NONRESIDENTS and not need to complete either schedule III or V RI SCHEDULE IV RI CHECKOFF 42. A. Drug program account	y NONRE nts with ir nd PART- / CONTI	RIBUTIO \$1.00 \$5	S with in outsing sidents	ncome from the de RI shouth all income with all income with all income control out the delance of the delance o	om outside ould compand on the front outside of the front outside of the front outside	e Ri plete om I	e RI Sc RI sour	hedule ces do
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NOTE: This schedule should be completed by III is located on page 9. PART-YEAR resider V located on page 11. NONRESIDENTS and not need to complete either schedule III or V RI SCHEDULE IV RI CHECKOFF 42. A. Drug program account	y NONRE nts with ir nd PART- / CONTI	RIBUTIO \$1.00 \$5 [NS	NOTE: Contri your balance Other \$ \$ \$ \$ \$ \$ \$	om outside ould compand on the front outside o	e RI blete mm I 42A. 42B. 42C. 42D.	e RI Sc RI sour	hedule ces do
NOTE: This schedule should be completed by III is located on page 9. PART-YEAR resided V located on page 11. NONRESIDENTS and not need to complete either schedule III or V RI SCHEDULE IV RI CHECKOFF 42. A. Drug program account	y NONRE nts with ir nd PART- CONTI	RIBUTIO \$1.00 \$5 [NS 500 \$10.00	NOTE: Contri Your balance Other \$	om outside ould compand outside from outside	e RI blete your 42A. 42A. 42C. 42C. 42C.	e RI Sc RI sour	hedule ces do
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NOTE: This schedule should be completed by III is located on page 9. PART-YEAR resides V located on page 11. NONRESIDENTS and not need to complete either schedule III or V RI SCHEDULE IV RI CHECKOFF 42. A. Drug program account	y NONRE nts with ir nd PART- / CONTI	RIBUTIO \$1.00 \$5 \$1.00 \$5	NS Something of the state of th	NOTE: Contri YOUTE: Contri YOUT balance Other \$ \$ \$ \$ \$ \$ line 16	om outside ould compand outside from outside	e RI blete om I 12A. 12B. 12C. 12C. 12C. 12C.	e RI Sc RI sour	hedule ces do

2003

Name(s) shown on Form RI-1040NR

Your Social Security Number

RI	SCHEDULE EIC RHODE ISLAND EARNED INCOME CREDIT		
1.	Rhode Island income tax from RI-1040NR, page 1, line 15	1.	
2.	Federal earned income credit from Federal Form 1040, line 63; 1040A, line 41; 1040EZ, line 8 or Federal Telefile, line L	_	
3.	Rhode Island percentage	3.	25%
4.	Multiply line 2 by line 3	4.	
5.	Enter the SMALLER of line 1 or line 4	5.	
6.	Subtract line 5 from line 4 (if zero or less, enter the amount from line 5 on line 9. Otherwise, continue to line 7A)	6.	
7.	A. Refundable percentage	7A.	5%
	B. Multiply line 6 by line 7A	7B.	
	C. Rhode Island allocation from RI-1040NR, page 9, Schedule III, line 13 or RI-1040NR, page 11, Schedule V, line 14	7C.	
8.	RI refundable earned income credit - multiply line 7B by line 7C	. 8.	
9.	TOTAL RI EARNED INCOME CREDIT - add line 5 and line 8. Enter here and on RI-1040NR, line 18D	9.	
TAX	SCHEDULE OT OTHER RHODE ISLAND TAXES ON LUMP-SUM DISTRIBUTIONS, PARENTS' ELECTION TO REPORT CHILD'S INTEREST AND D		DS,
	CAPTURE OF FEDERAL TAX CREDITS AND OTHER MISCELLANEOUS FEDERAL INCOME TAXES		
10.	Tax on lump-sum distributions - Federal Form 4972, line 30	10.	
11.	Parents' election to report child's interest and dividends from all Federal Form(s) 8814, line 9	11.	
12.	Amount of recapture of federal tax credits and other miscellaneous federal income taxes (see instructions)	12.	
13.	Total - add lines 10, 11 and 12	. 13	
14.	Rhode Island percentage	14	25%
15.	OTHER RHODE ISLAND TAXES - Multiply line 13 by line 14. Enter here and on RI-1040NR, line 8B	15.	
	-8615 TAX FOR CHILDREN UNDER AGE 14 WHO HAVE INVESTMENT INCO		
	Child's tax from Federal form 8615, line 18	_	
17.	Rhode Island percentage	17	25%
18.	TAX - multiply line 16 by line 17 - Enter here and on RI-1040NR, line 8A and check the RI-8615 box	18.	
T -2	205P INDIVIDUAL CONSUMER'S USE/SALES TAX RETURN		
19.	Schedule of purchases subject to the use/sales tax (if you need more space to list your purchases, attach a separate sheet).		
	A	19A	
	B	19B.	
	C	19C.	
	D.	19D.	
20.	Total sales price of purchases subject to the use/sales tax - add lines 19A, 19B, 19C and 19D	20	
21.	Rhode Island percentage	_	7%
22.	Amount of tax - multiply line 20 by line 21	22	
23.	Credit for use/sales taxes paid in other states on the items listed on line 19	23	
24.	TOTAL AMOUNT DUE - subtract line 23 from line 22 - enter here and in the space provided on RI-1040NR, page 1, line 17	24.	

RI Schedule CGW rhode island capital gains worksheet

2003

Name(s) shown on Form RI-1040 or RI-1040NR	Your Social Security Number

NOTE:

- Use this form **ONLY** if you did not calculate your tax on Federal Schedule D **AND**;
 - 1. you checked the box on Federal Form 1040, line 13a, OR
 - 2. you entered an amount on Federal Form 1040A, line 10a.

	You must attach	this schedule to	RI-1040 or RI-1040NR	and check the box labeled	RI Schedule CGW on line 8A
--	-----------------	------------------	----------------------	---------------------------	----------------------------

	RI taxable income, RI-1040 or RI-1040NR, line 7 1.	_
2.	Enter the amount of capital gains from Federal Form 1040, line 13a or 1040A, line 10a	'
3.	Subtract line 2 from line 1 (if zero or less, enter zero)	•
4.	Figure the tax on the amount on line 3. Use the 2003 RI Tax Table or Tax Rate Schedule, whichever applies	4.
5.	Enter the SMALLER of the amount on line 1 above OR • \$47,450 If Married filing jointly or Qualifying widow(er) • \$28,400 If Single • \$38,050 If Head of household • \$23,725 If Married filing separately	
6.	Is the amount on line 3 equal to or more than the amount on line 5?	
	Yes. Leave lines 6 through 8 blank; go to line 9 and check the "NO" box.	
	No. Enter the amount from line 3	
7.	Subtract line 6 from line 5	•
8.	Multiply line 7 by 2.5% (.025)	8.
9.	Are the amounts on lines 2 and 7 the same?	
	Yes. Leave lines 9 through 12 blank and go to line 13.	
	No. Enter the SMALLER of line 1 or line 2	
10.	Enter the amount, if any, from line 7	•
11.	Subtract line 10 from line 9. (if zero or less, enter zero)	•
	Multiply line 11 by 5% (.05)	12.
13.	Add lines 4, 8 and 12	13.
14.	Figure the tax on the amount on line 1. Use the 2003 RI Tax Table or Tax Rate Schedule, whichever applies	14.
15.	Tax on all taxable income (including capital gains). Enter the SMALLER of line 13 or line 14. Also enter this amount on RI-1040 or RI-1040NR, page 1, line 8A and check the RI Schedule CGW box	15.

Nam	e(s) shown on Form RI-1040 or RI-1040NR	Your Social Security Number
1	RI taxable income, RI-1040 or RI-1040NR, line 7 (IF THIS LINE IS ZERO OR LESS, DO NOT COMPLET	F THIS FORM) 1
2.		
3.	Enter the amount from Federal Form 4952, line 4g	
3. 4.	Subtract line 3 from line 2	
	Combine Federal Schedule D, line 7b and Federal 28% Rate Gain	
0.	Worksheet on page D-8, lines 1 through 5. (if zero or less, enter zero)	
6.	Enter the SMALLER of line 5 above or Federal Schedule D, line 20. (not less than zero)	
7.	Enter the amount from Federal Schedule D, line 19 7.	
8.	Add lines 6 and 7	
9.	Subtract line 8 from line 4. (if zero or less, enter zero)	9.
10.	Subtract line 9 from line 1. (if zero or less, enter zero)	10.
11.	Enter the SMALLER of the amount on line 1 above OR • \$47,450 If Married filing jointly or Qualifying widow(er) • \$28,400 If Single • \$38,050 If Head of household • \$23,725 If Married filing separately	
12.	Enter the SMALLER of line 10 or 11	
13.	Subtract line 4 from line 1. (If zero or less, enter zero)	
14.	Enter the LARGER of line 12 or line 13	
15.	Figure the tax on the amount on line 14. Use the 2003 RI Tax Table or Tax Rate Schedule, whichever app	lies 15.
	IF LINES 11 AND 12 ARE THE SAME, SKIP LINES 16 THROUGH 21 AND GO TO LINE 22.	OTHERWISE, GO TO LINE 16.
	Subtract line 12 from line 11	
17.	Qualified 5 year gain, if any, from Federal Schedule D, line 35	
	Enter the SMALLER of line 16 or line 17	
19.	Multiply line 18 by 2.00% (.02)	19.
20.	Subtract line 18 from line 16	
21.	Multiply line 20 by 2.5% (.025)	21.
	IF LINES 1 AND 11 ARE THE SAME, SKIP LINES 22 THROUGH 34 AND GO TO LINE 35.	OTHERWISE, GO TO LINE 22.
22.	Enter the SMALLER of line 1 or line 9	
	Enter the amount from line 16 above. (if line 16 is blank, enter zero) 23.	
	Subtract line 23 from line 22	
	Multiply line 24 by 5.00% (.05)	
	IF LINE 7 IS ZERO OR BLANK, SKIP LINES 26 THROUGH 31 AND GO TO LINE 32. OTHE	
00		KWIOL, GO TO LINE 20.
	Enter the smaller of line 4 or line 7	
	Add lines 4 and 14	
	Enter the amount from line 1 above	
	Subtract line 28 from line 27. (if zero or less, enter zero)	
	Subtract line 29 from line 26. (if zero or less, enter zero)	
31.	Multiply line 30 by 6.25% (.0625)	
	IF LINE 6 IS ZERO, SKIP LINES 32 THROUGH 34 AND GO TO LINE 35. OTHERWISE, GO	TO LINE 32.
32.	Add lines 14, 16, 24 and 30	
33.	Subtract line 32 from line 1	
34.	Multiply line 33 by 7.00% (.07)	34.
35.	Add lines 15, 19, 21, 25, 31 and 34	35.
36.	Figure the tax on the amount on line 1. Use the 2003 RI Tax Table or Tax Rate Schedule, whichever applied	es
37.	Tax on all taxable income (including capital gains). Enter the SMALLER of line 35 or line 36. Also enter RI-1040 or RI-1040NR, page 1, line 8A and check the RI Schedule D box	

Nam	e(s) shown on Form RI-1040 or RI-1040NR		Your Social	Security Number
PΑ	RT 1 ALTERNATIVE MINIMUM TAX		•	
	Federal Alternative Minimum Taxable Income - Federal Form 6251, line 28			1.
	Exemption If your filing status is and line 1 is not over Single or Head of household \$112,500 Married filing jointly or Qualifying widow(er) 150,000		nter on line 2 \$35,750 49,000	
	Married filing separately 75,000 (If line 1 is OVER the amount shown above for your filing status, see page I-8 of the instructions.)		24,500	
3.	Subtract line 2 from line 1			3.
4.	If you figured your tax on RI Schedule D or CGW, complete part 2 and enter the amount from line 36 tax using the tax table or tax rate schedule and line 3 is less than \$175,000 (\$87,500 if Married filing line 3 by 6.5% (.065). Otherwise, multiply line 3 by 7% (.07) and subtract \$875 (\$438 if Married filing	sepa	rately) then multiply	4.
5.	Alternative minimum tax foreign tax credit - Federal Form 6251, line 32	5.		
6.	RI Rate	6.	25%	
7.	Multiply line 5 by line 6			7.
8.	Tentative minimum tax - subtract line 7 from line 4			8.
9.	RI tax from RI-1040 or RI-1040NR, page 1, line 8A	9.		
10.	Foreign tax credit - RI-1040 or RI-1040NR, line 27			
	RI Rate			
	Multiply line 10 by line 11	12.		
	RI income tax less foreign tax credit - subtract line 12 from line 9			13.
	RI Alternative minimum tax - subtract line 13 from line 8 (if zero or less enter zero). Enter here and o			
	page 1, line 9			14.
PA	RT 2 ALTERNATIVE MINIMUM TAX USING MAXIMUM CAPITAL	_ G	AINS RATES	
15.	Enter the amount from line 3 above			15.
16.	Amount from RI Schedule D, line 9 or RI Schedule CGW, line 2 (refigured for AMT, if necessary)	16.		
17.	Amount from RI Schedule D, line 7 or RI Schedule CGW enter zero (refigured for AMT, if necessary)	17.		
18.	A. Add lines 16 and 17	18A.		
	B. Amount from RI Schedule D, line 4 or RI Schedule CGW, line 2 (refigured for AMT, if necessary)	18B.		
	C. Enter the SMALLER of line 18A or 18B	18C.		
19.	Enter the SMALLER of line 15 or line 18C			19.
20.	Subtract line 19 from line 15			20.
21.	If line 20 is less than $175,000$ ($87,500$ if Married filing separately) then multiply line 20 by 6.5% (.06 line 20 by 7% (.07) and subtract 875 (438 if Married filing separately) from the result	65).	Otherwise, multiply	21.
	Enter the amount from RI Schedule D, line 16 or RI Schedule CGW, line 7			
23.	Enter the SMALLER of line 15 or line 16	23.		
24.	Enter the SMALLER of line 22 or line 23 (if zero, go to line 30)	24.		
25.	Qualified 5 year gain, if any, from RI Schedule D, line 17 (as refigured for AMT, if necessary)			
26.	Enter the SMALLER of line 24 or line 25	26.		
27.	Multiply line 26 by 2.00% (.02)			27.
28.	Subtract line 26 from line 24	28.		
29.	Multiply line 28 by 2.50% (.025)			29.
30.	Subtract line 24 from line 23	30.		
31.	Multiply line 30 by 5.00% (.05)			31.
	IF LINE 17 IS ZERO OR BLANK, SKIP LINES 32 AND 33 AND GO TO LINE 34. OTHE	RWI	SE, GO TO LINE 32	
32.	Subtract line 23 from line 19	32.		
33.	Multiply line 32 by 6.25% (.0625)			33.
34.	Add lines 21, 27, 29, 31 and 33			34.
35.	If line 15 is less than \$175,000 (\$87,500 if Married filing separately) then multiply line 15 by 6.5% (.06 line 15 by 7% (.07) and subtract \$875 (\$438 if Married filing separately) from the result	,		35.
36.	Enter the SMALLER of lines 34 or 35 here and on line 4 above			36.

RI Deduction Schedules for RI-1040 or RI-1040NR, line 4 Name(s) shown on Form RI-1040 or RI-1040NR Your Social Security Number A. STANDARD DEDUCTION SCHEDULE FOR PEOPLE AGE 65 OR OLDER OR BLIND DO NOT use this schedule if someone can claim you, or your spouse if filing jointly, as a dependent. Instead use RI Deduction Schedule B below. YOU were 65 or older, (born before 01/02/1939), Blind, SPOUSE was 65 or older, (born before 01/02/1939), Blind AND the number on line A is If your filing status is THEN your RI standard deduction is Single \$5,900 7,050 Married filing jointly 8,900 9,850 Qualifying widow(er) 10.800 11,750 Married filing separately 4,925 5,875 6.825 7,775 Head of household 8,150 B. STANDARD DEDUCTION SCHEDULE FOR DEPENDENTS Use this schedule ONLY if someone can claim you, or your spouse if filing jointly, as a dependent. 750 4. Enter the amount shown below for your filing status. \$4.750 Single..... Married filing jointly or Qualifying widow(er)..... 7,950 Married filing separately..... 3,975 Head of household..... 5. STANDARD DEDUCTION A. Enter the SMALLER of line 3 or line 4. If under age 65 and not blind, STOP HERE and enter this amount on RI-1040 B. Check if: YOU were 65 or older, (born before 01/02/1939), Blind, SPOUSE was 65 or older, (born before 01/02/1939), Blind If age 65 or older or blind, multiply the number of boxes checked by: \$1,150 if Single or Head of household; \$950 if Married filing jointly, Married filing separately or Qualifying widow(er)......5B. C. Add lines 5A and 5B. Enter the total here and on RI-1040 or RI-1040NR, line 4..... *EARNED INCOME includes wages, salaries, tips professional fees and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Federal Form 1040, lines 7, 12 and 18 minus the amount, if any, on Federal Form 1040, line 29. C. ITEMIZED DEDUCTION SCHEDULE (If you claimed a modification on RI-1040 or RI-1040NR, line 2; you must recalculate your Federal Schedule A before you complete this schedule) 2. Add the amounts from Federal Form, Schedule A, lines 4, 13 and 19 plus any gambling and casualty or theft losses included on line 27 3. Is the amount on line 2 less than the amount on line 1? No. STOP HERE! Your deduction is not limited. Enter the amount from line 1 above on RI-1040 or RI-1040NR, line 4. 7. Is the amount on line 6 less than the amount on line 5? No. STOP HERE! Your deduction is not limited. Enter the amount from line 1 above on RI-1040 or RI-1040NR, line 4.

RI-2210A RI UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS

2003

Nan	e(s) shown on Form RI-1040 or RI-1040NR	Your Social Security Number
PA	RT 1 REQUIRED ANNUAL PAYMENT	
1.	Enter your 2003 RI income tax from RI-1040, line 13 less line 18D or RI-1040NR, line 15 less line 18D	1.
2.	Enter 80% of the amount shown on line 1	
3.	RI withheld taxes paid for 2003 from RI-1040, line 18A or RI-1040NR, lines 18A and 18C	
4.	Subtract line 3 from line 1 - (if the result is \$250.00 or less do not complete the rest of this form)	4.
5.	Enter your 2002 RI tax from RI-1040, line 13 or RI-1040NR, line 15	5.
6.	Enter the SMALLER of line 2 or line 5	6.
PA	RT 2 SHORTCUT METHOD	
You	can use this method if you meet the following conditions (Otherwise, you must complete RI-2210 to figure yo	our underestimating interest):
	① You made no estimated payments OR all 4 estimated payments were equal and paid by the appropriate du	ue dates;
	② AND you did not complete RI-2210, part 5 (Annualized Income Installment Worksheet).	
7.	Enter the amount from Part 1, line 6 above	7.
8.	Enter the total withholding and estimated tax you paid from RI-1040, lines 18A and 18B or RI-1040NR, lines 18A	8A, 18B and 18C. 8.
9.	Underpayment - subtract line 8 from line 7	9.
10.	Multiply line 9 by 7.9808% (.079808)	10.
11.	If the amount on line 9 was paid on or after 4/15/04, then enter \$0	
	If the amount on line 9 was paid before 4/15/04, then make the following calculation:	
	The amount on line 9 (times) the number of days paid before 4/15/04 (times) .00022 and enter the result	here 11.
12.	UNDERESTIMATING INTEREST - subtract line 11 from line 10 - enter here and in the space provided on RI-1040NR line 19	1040 or

INSTRUCTIONS

PURPOSE OF THIS FORM

Individuals (except qualified farmers and fishermen) should use this form to determine if their income tax was sufficiently prepared throughout the year by having RI tax withheld or by paying RI estimated tax; if not, a charge may be imposed on the underpayment of the taxes. Complete Part 1 of this form to determine if the payment of the charge may be avoided.

WHO CAN FILE THIS FORM

You can use this form only if you meet the following conditions ① You made no estimated payments **OR** all 4 estimated payments were equal and paid by the appropriate due dates **AND** ② You are not completing the Annualization Income Worksheet on RI-2210. If you do not meet these conditions, you must file RI-2210. RI-2210 is available online www.tax.ri.gov or by calling our forms department at (401) 222-1111.

FARMERS AND FISHERMEN

If you meet **BOTH** of the following tests, you may be exempt from the charge for underpayment of estimated tax: ① Gross income from farming or fishing is at least 2/3 (two thirds) of your annual gross income **AND** ② you filed form RI-1040 or RI-1040NR and paid the tax due on or before March 1, 2004. If you meet both of these tests, write next to line 1 "**EXEMPT, FARMER/FISHERMAN**" and do not complete the rest of this form. Attach this form to your return or mail to: The RI Division of Taxation - One Capitol Hill - Providence, RI 02908-5806 if the return has been previously filed.

PART 1 REQUIRED ANNUAL PAYMENT

- Line 1 Enter your 2003 Rhode Island tax from RI-1040, line 13 less line 18D or RI-1040NR, line 15 less line 18D.
- Line 2 Multiply line 1 by 80% (.80).
- Line 3 Enter the amount of 2003 Rhode Island income taxes withheld from RI-1040, line 18A or RI-1040NR, lines 18A and 18C.
- Line 4 Subtract line 3 from line 1. If the result is \$250.00 or less, you do not owe any underestimating interest and need not complete the rest of this form.
- Line 5 Enter your **2002** Rhode Island income tax from RI-1040, line 13 or RI-1040NR, line 15. If you had no federal tax liability for **2002** and you were a Rhode Island resident during all of **2002**, and your **2002** federal tax was (or would have been had you been required to file) for a full 12 months, then enter zero (0).
- Line 6 Enter the **SMALLER** of line 2 or line 5 (including zero). If line 6 is zero, you do not owe any underestimating interest and need not complete the rest of this form. However, you must attach this form to your Rhode Island rerun.

PART 2 SHORTCUT METHOD

- Line 7 Enter the amount from part 1, line 6.
- Line 8 Enter the amount of estimated and withholding tax you paid for 2003 from RI-1040, lines 18A and 18B or RI-1040NR, lines 18A, 18B and 18C
- Line 9 Subtract line 8 from line 7.
- Line 10 Multiply line 9 by 7.9808% (.079808).
- Line 11 If you paid the tax balance due before 4/15/2004, multiply the number of days paid before 4/15/2004 by the amount on line 9 by .00022 and enter the amount on line 11.
- Line 12 Subtract line 11 from line 10. Enter here and in the space provided on RI-1040 or RI-1040NR, line 19.

Name(s) shown on Form RI-1040NR Your Social Security Number

RI SCHEDULE III NONRESIDENT TAX CALCULATION

THIS SCHEDULE IS ONLY TO BE COMPLETED BY FULL YEAR NONRESIDENTS. PART-YEAR RESIDENTS COMPLETE PAGE 11, SCHEDULE V.

PART 1 ALLOCATION AND TAX WORKSHEET

		Column A		Column B
		RHODE ISLAN	ND	FEDERAL
1. Wages, salaries, tips, etc. from Federal Form 1040 or 1040A, line 7; 1040EZ, line 1 or telefile, line I	1.			
2. Interest and dividends from Federal Form 1040 or 1040A, lines 8A and 9a or 1040EZ, line 2	2.			
3. Business income from Federal Form 1040, line 12	3.			_
4. Sale or exchange of property from Federal Form 1040, lines 13a and 14 or 1040A, line 10	4.			
5. Pension and annuities; rents, royalties, etc. from Federal Form 1040, lines 15b, 16b and 17 or 1040A, line 11b and 12b	5.			
6. Farm income from Federal Form 1040, line 18	6.			
7. Miscellaneous income from Federal Form 1040, lines 10, 11, 19, 20b and 21; 1040A, lines 13 and 14b or 1040EZ, line 3	7.			
8. TOTAL - add lines 1, 2, 3, 4, 5, 6 and 7	8.			
9. Adjustments to AGI from Federal Form 1040, line 33 or 1040A, line 20	9.			
10. Adjusted gross income - subtract line 9 from line 8	10.			
11. Net modifications to Federal AGI	11.			
12. Modified Federal AGI - combine lines 10 and 11 (the amount in column B should be equal to the amount on RI-1040NR, page 1, line 3)	12.			
13. Allocation - divide line 12, column A by line 12, column B (if line 12, column A is greater than line 12, column	B the	n enter 1.0000).	13.	_ ·
14. RI tax after allowable federal credits before allocation from RI-1040NR, page 1, line 12			14.	
15. RI INCOME TAX - multiply line 14 by line 13 and enter here and on RI-1040NR, page 1, line 13 and check the	ne N o	nresident box	15.	

2003

Name(s) shown on Form RI-1040NR

Your Social Security Number

PART 2 ALLOCATION OF WAGE AND SALARY INCOME TO RHODE ISLAND

NOTE: USE THIS SCHEDULE ONLY IF YOU WORKED FOR THE SAME EMPLOYER IN MORE THAN ONE STATE AND YOUR WAGES OR SALARY INCOME HAS NOT BEEN ALLOCATED ON YOUR W-2.

1. Wages, salaries, tips, etc			1.	
2. Total days in the year			2.	365 days
3. Sick leave days	3.	days		
4. Vacation days	4.	days		
5. Other nonworking days (Saturdays, Sundays, holidays, etc.)	5.	days		
6. Total nonworking days - add lines 3, 4 and 5			6.	days
7. Total days worked in the year - subtract line 6 from line 2			7.	days
Total days worked outside RI			8.	days
9. Days worked in RI - subtract line 8 from line 7			9.	days
10. Allocation - divide line 9 by line 7			10.	_ ·
11. RI AMOUNT - multiply line 1 by line 10 - enter here and include on RI-1040NR, page 9, schedule III, lin	e 1, d	column A	11.	

PART 3 BUSINESS ALLOCATION PERCENTAGE

		Column A RI amounts	Column B Total amounts	Column C (col. A ÷ col. B)
1. Real property owned	1.			
Real property rented from others (8 times annual net rental rate)	2.			
Tangible personal property owned	3.			
Total property - add lines 1, 2 and 3 then divide column A by column B and enter the amount in column C	4.			
Wages, salaries and other personal service compensation paid during the year - divide column A by column B and enter the amount in column C	5.			
Gross sales of merchandise or charges for services during the year - divide column A by column B and enter the amount in column C	6.			
7. Total of percentages in column C - add lines 4, 5 and 6			7.	_ ·
BUSINESS ALLOCATION PERCENTAGE - divide line 7 by three or the number of percenter here and in column B below	entag	es on lines 4, 5 and 6	8.	

Enter line number and amount or each item of business income (or loss) reported on RI-1040NR, page 9, schedule III, column B required to be allocated and multiply by allocation percentage to determine RI amount. Then enter amounts from column C on corresponding lines on RI-1040NR, page 9, schedule III, column A.

	ı	Column A ncome to be allocated	Column B From line 8 above	Column C (col. A X col. B)
9. Line number from RI-1040NR, page 9, Schedule III, column A, line	9.		_ ·	
10. Line number from RI-1040NR, page 9, Schedule III, column A, line	10.		_ ·	
11. Line number from RI-1040NR, page 9, Schedule III, column A, line	11.		_ ·	
12. Line number from RI-1040NR, page 9, Schedule III, column A, line	12.		_ ·	
13. Line number from RI-1040NR, page 9, Schedule III, column A, line	13.		_ ·	

Name(s) shown on Form RI-1040NR

Your Social Security Number

RI SCHEDULE V PART-YEAR RESIDENT TAX CALCULATION

THIS SCHEDULE IS ONLY TO BE COMPLETED BY PART-YEAR RESIDENTS. FULL YEAR NONRESIDENTS COMPLETE PAGE 9, SCHEDULE III.

A part-year resident is a person who changed his legal residence by moving into or moving out of RI at any time during the year 2003. If you are a part-year resident you should complete this schedule. If you did not earn any income outside the state of RI while you were living in RI complete part 1 below. If any of your income earned while you were living in RI was taxed by another state complete part 1 below and page 12, part 2.

If at any time during the year you were not a legal resident of RI, DO NOT COMPLETE THIS SCHEDULE. Complete page 9, schedule III.

PART 1 ALLOCATION AND TAX WORKSHEET

Instructions

Column A Enter in column A amounts of income and adjustments reported on your federal income tax return.

Column B Enter in column B the amounts of income and adjustments from column A that you earned while you were a RI resident. This includes all

your income earned inside and outside RI while you were a resident.

Column C Enter in column C the amount of income you earned while you were a nonresident of RI. This includes all your income earned inside and

outside of RI while you were a nonresident.

Column D Enter in column D the amount of income from column C derived from or connected with RI sources while you were a nonresident of RI. RI

source income includes, but is not limited to, services performed in RI, income from real or tangible property in RI and income from

businesses conducted in RI.

	FEDERAL INCOME	RI RESIDENT PERIOD	RI NONRESIDENT PERIOD	
Enter the dates you were a Rhode Island resident: From/ to/	Column A INCOME FROM FEDERAL RETURN	Column B INCOME FROM COLUMN A FROM THIS PERIOD	Column C INCOME FROM COLUMN A FROM THIS PERIOD	Column D INCOME FROM COLUMN C FROM RI SOURCES
Wages, salaries, tips, etc. from Federal Form 1040 or 1040A, line 7; 1040EZ, line 1 or telefile, line I				
Interest and dividends from Federal Form 1040 or 1040A, lines 8a and 9a or 1040EZ, line 2	I			
3. Business income from Federal Form 1040, line 12				
4. Sale or exchange of property from Federal Form 1040, lines 13a and 14 or 1040A, line 10				
5. Pension and annuities; rents, royalties, etc. from Federal Form 1040, lines 15b, 16b and 17 or 1040A, line 11b and 12b				
6. Farm income from Federal Form 1040, line 18				
7. Miscellaneous income from Federal Form 1040, lines 10, 11, 19, 20b and 21; 1040A, lines 13 and 14b or 1040EZ, line 3				
8. TOTAL - add lines 1, 2, 3, 4, 5, 6 and 7				
9. Adjustments to AGI from Federal Form 1040, line 33 or 1040A, line 20.				
10. Adjusted gross income - subtract line 9 from line 8				
11. Net modifications to Federal AGI				
12. Modified Federal AGI - combine lines 10 and 11 (Column A should be equal to the amount on RI-1040NR, page 1, line 3)				
13. TOTAL RI INCOME - add line 12, column B and column D				
14. Allocation - divide line 13 by line 12, column A (if line 13 is greater than	14.			
15. RI tax after allowable Federal credits before allocation from RI-1040NR	15.			
16. RI INCOME TAX - multiply line 15 by line 14 - if you have income earned in another state while you were a resident of RI, complete part 2 on page 12, otherwise enter here and on RI-1040NR, page 1, line 13 and check the P art-year resident box				

Name(s) shown on Form RI-1040NR

Your Social Security Number

RI SCHEDULE V PART-YEAR RESIDENT TAX CALCULATION (CONTINUED)

THIS SCHEDULE IS ONLY TO BE COMPLETED BY PART-YEAR RESIDENTS. ATTACH A SIGNED COPY OF THE RETURN FILED WITH THE OTHER STATE.

PART 2 CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE AND TAX WORKSHEET

_			
17. RI income tax from page 11, schedule V, part 1, line 16	17.		
18. Income taxed by other state while a RI resident included on page 11, schedule V, part 1, line 10, column B	18.		
19. Total RI income from page 11, schedule V, part 1, line 13	19.		
20. Divide line 18 by line 19.	20.		
21. Multiply line 17 by line 20			
22. Tax due and paid to other state	22.		
23. Amount from line 18 above	23.		
24. Total adjusted gross income from other state's income tax return (attach copy of return)	24.		
25. Divide line 23 by line 24.			
26. Multiply line 22 by line 25			
27. MAXIMUM TAX CREDIT (line 17, 21 or 26, whichever is the smallest)			
28. RI INCOME TAX - subtract line 27 from line 17 - enter here and on RI-1040NR, page 1, line 13 and check the P art-year resident box			