



**2015 Form RI-1040**

Resident Individual Income Tax Return

Name	Your social security number

**RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT**








19 RI income tax from page 1, line 8 .....		19		
20 Credit for child and dependent care expenses from Federal Form 1040, line 49 or Form 1040A, line 31.....	20			
21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....		21		
22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a .....		22		

**RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE**

NOTE: You must attach a signed copy of the state tax return(s) for which you are claiming credit.

23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 2, line 22 .....		23		
24 Income derived from other state. If more than one state, see instructions.....		24		
25 Modified federal AGI from page 1, line 3 .....		25		
26 Divide line 24 by line 25.....		26		
27 Tentative credit. Multiply line 23 by line 26.....		27		
28 Tax due and paid to other state (see specific instructions). Insert abbreviation for name of state paid .....		28		
29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on page 1, line 9b .....		29		

**RI CHECKOFF CONTRIBUTIONS SCHEDULE**

			\$1.00	\$5.00	\$10.00	Other			
30		Drug program account <b>RIGL §44-30-2.4</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30		
31		Olympic Contribution <b>RIGL §44-30-2.1</b> ..... Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if filing a joint return) .....					31		
32		RI Organ Transplant Fund <b>RIGL §44-30-2.5</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32		
33		RI Council on the Arts <b>RIGL §42-75.1-1</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33		
34		RI Nongame Wildlife Fund <b>RIGL §44-30-2.2</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34		
35		Childhood Disease Victim's Fund <b>RIGL §44-30-2.3</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35		
36		RI Military Family Relief Fund <b>RIGL §44-30-2.9</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36		
37		TOTAL CONTRIBUTIONS. Add lines 30, 31, 32, 33, 34, 35 and 36. Enter here and on RI-1040, page 1, line 11.....					37		

**RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT**

38 Federal earned income credit from Federal Form 1040, line 66a; 1040A, line 42a, or 1040EZ, line 8a .....		38		
39 Rhode Island percentage.....		39	10%	
40 RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 1, line 14d .....		40		

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	Spouse's signature	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP code PTIN

May the Division of Taxation contact your preparer? YES

Revised 09/2015