

State of Rhode Island and Providence Plantations  
**2018 Form RI-1040NR**  
 Nonresident Individual Income Tax Return



18100499990101

Your social security number		Spouse's social security number	
Your first name	MI	Last name	Suffix
Spouse's name	MI	Last name	Suffix
Address			
City, town or post office		State	ZIP code
City or town of legal residence		Check each box that applies. Otherwise, leave blank.	Primary deceased? <input type="checkbox"/> Yes Spouse deceased? <input type="checkbox"/> New address? <input type="checkbox"/> Amended Return? * <input type="checkbox"/>
<b>ELECTORAL CONTRIBUTION</b>	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.) <input type="checkbox"/> 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. <input type="checkbox"/>

**FILING STATUS** Check one

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

INCOME, TAX AND CREDITS	1	2	3	4	5	6	7	8	9	10	11	12	13a	13b	14	15	16a
1 Federal AGI from Federal Form 1040, line 7.....																	
2 Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.																	
3 Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)....																	
4 RI Standard Deduction from left. If line 3 is over \$199,000, see Standard Deduction Worksheet.....																	
5 Subtract line 4 from line 3. If zero or less, enter 0.....																	
6 Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,000 and enter result on line 6. If line 3 is over \$199,000, see Exemption Worksheet <input type="checkbox"/> X \$4,000 =																	
7 RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....																	
8 RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....																	
9 RI percentage of allowable Federal credit from page 3, RI Sch I, line 25.....																	
10 Rhode Island tax after allowable Federal credit - before allocation. Subtract line 9 from line 8 ...																	
11 RI allocated income tax. Check only one box. <input type="checkbox"/> All income is from RI, enter amount from line 10 on this line. <input type="checkbox"/> Nonresident with income from outside RI, complete Sch II and enter result on this line. <input type="checkbox"/> Part-year resident with income from outside RI, complete Sch III and enter result on this line.																	
12 Other Rhode Island Credits from RI Schedule CR, line 8.....																	
13a Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero) .....																	
b Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....																	
14 RI checkoff contributions from page 3, RI Checkoff Schedule, line 33. Contributions reduce your refund or increase your balance due																	
15 USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies .....																	
16a TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a, 13b, 14 and 15.....																	

Rhode Island Standard Deduction  
 Single **\$8,525**  
 Married filing jointly or Qualifying widow(er) **\$17,050**  
 Married filing separately **\$8,525**  
 Head of household **\$12,800**

Using a paper clip, please attach Forms W-2 and 1099 here.

Check  to certify use tax amount on line 15 is accurate.

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

State of Rhode Island and Providence Plantations  
**2018 Form RI-1040NR**  
 Nonresident Individual Income Tax Return - page 2



18100499990102

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
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16 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a.....	16b		
17 a RI 2018 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding. ....	17a		
b 2018 estimated tax payments and amount applied from 2017 return....	17b		
c Nonresident withholding on real estate sales in 2018.....	17c		
d RI earned income credit from page 3, RI Schedule EIC, line 38.....	17d		
e Other payments.....	17e		
f TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d and 17e.....	17f		
g Previously issued overpayments (if filing an amended return).....	17g		
h NET PAYMENTS. Subtract line 17g from line 17f.....	17h		
18 a AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h from line 16b.....	18a		
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 18a or subtracted from line 19, whichever applies.....	18b		
c TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹️	18c		
19 AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line 16b from line 17h. If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 19..... ☺️	19		
20 Amount of overpayment to be refunded.....	20		
21 Amount of overpayment to be applied to 2019 estimated tax.....	21		

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
Spouse's signature	Spouse's driver's license number and state	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



Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
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**RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT**

22 RI income tax from page 1, line 8 .....	22		
23 Credit for child and dependent care expenses from Federal Form 1040, Schedule 3, line 49.....	23		
24 Tentative allowable federal credit. Multiply line 23 by 25% (0.2500).....	24		
25 MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9.....	25		

**RI SCHEDULE II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS**

Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island.  
 RI Schedule II is located on page 11.

Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island.  
 RI Schedule III is located on page 13.

NONRESIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.

**RI CHECKOFF CONTRIBUTIONS SCHEDULE**

	\$1.00	\$5.00	\$10.00	Other	
26  Drug program account <b>RIGL §44-30-2.4</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
27  Olympic Contribution <b>RIGL §44-30-2.1</b> ..... Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)					27
28  RI Organ Transplant Fund <b>RIGL §44-30-2.5</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
29  RI Council on the Arts <b>RIGL §42-75.1-1</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
30  Nongame Wildlife Fund <b>RIGL §44-30-2.2</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
31  Childhood Disease Victim's Fund <b>RIGL §44-30-2.3</b> and Substance Use and Mental Health Leadership Council of RI <b>RIGL §44-30-2.11</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
32  RI Military Family Relief Fund <b>RIGL §44-30-2.9</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
33 TOTAL CONTRIBUTIONS. Add lines 26 through 32. Enter here and on RI-1040NR, page 1, line 14.....					33

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

34 Federal earned income credit from Federal Form 1040, line 17a.....	34		
35 Rhode Island percentage .....	35	15%	
36 RI EARNED INCOME CREDIT. Multiply line 34 by line 35 .....	36		
37 Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule III, line 14. If all income is from RI, enter 1.0000.....	37		
38 TOTAL RI EARNED INCOME CREDIT. Multiply line 36 by line 37. Enter here and on RI-1040NR, pg 2, line 17d.....	38		

**2018 RI Schedule W**

Rhode Island W-2 and 1099 Information



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Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
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**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**

<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>
Enter "S" if Spouse's W-2 or 1099	Enter 1099 letter code from chart	Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)

1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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.....				
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld .....				

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-DIV	D	15	1099-MISC	M	16
W-2G	-	15	1099-G	G	11	1099-OID	O	14
1042-S	S	17a	1099-INT	I	17	1099-R	R	12
1099-B	B	16	1099-K	K	8	RI-1099PT	P	9



Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number

**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	<input type="checkbox"/>
b	Spouse	<input type="checkbox"/>

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

***Exemption Number Summary***

3	Enter the number of boxes checked on lines 1a and 1b .....	3	
4a	Enter the number of children from lines 2a through 2m who lived with you .....	4a	
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation .....	4b	
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.	4c	
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6.	5	