

State of Rhode Island Division of Taxation

RI-1065PA

Partnership Adjustment - Federal Imputed Assessment

Federal employer identification number Social security number

For the taxable year from

MM/DD/YYYY through MM/DD/YYYY

Final determination date MM/DD/YYYY Address Change Amended Return

Name

Address 1

Address 2 NAICS code

City, town or post office State ZIP code Email address

Entity type: LLC LLP LP Partnership Column A C Corporations Column B Sub S Corps, Individuals, LLCs, Partnerships & Trusts

Table with 3 columns: Description, Column A, Column B. Rows 1-13 detailing adjustments and tax due.

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.

Authorized officer signature Print name 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