



Substitute Form Vendor – Tax Year 2020 Registration Form

- ☒ All vendors reproducing RI Division of Taxation tax forms must complete this vendor registration form.
- ☒ Vendors will not be able to submit forms for approval unless they are registered with the RI Division of Taxation.
- ☒ Your Rhode Island vendor ID number will be the same as your NACTP vendor ID number.
- ☒ If you do not have a NACTP vendor ID number, write “N/A” in the vendor ID box.
- ☒ Multiple NACTP vendor ID numbers cannot be submitted on the same registration form. A separate form must be submitted for each vendor ID.
- ☒ Complete and attach the list of all forms you will be reproducing to your registration form.
- ☒ If you have different contacts for the different tax types, submit a separate registration form for the different contacts along with the list of forms for which they are responsible.
- ☒ Send your completed registration form to Tax.VendorForms@tax.ri.gov . In the subject line of your email put “Vendor Registration Form – Vendor #XXXX”. Replace the “XXXX” with your NACTP vendor ID number.
- ☒ A confirmation email will be sent once registration is complete.
- ☒ This registration form is for 2D/paper/OCR forms only. If you are supporting any MeF versions, you will need to complete the **2020 MeF Registration Form**. Do not complete this form if you are only supporting MeF versions.

Vendor name:
Product name:
NACTP vendor ID:
Address:
Address:
City, State, ZIP Code:

Contact name:
Telephone number:
Fax number:
Email address(es):
The Rhode Island Division of Taxation will send an email notification when posting forms to the Software Vendor page. The email notification will simply be informing vendors that a posting has been made. The notification will not necessarily provide details on the posting.

All approved vendor registrants will be added to the email notification list regardless of the form series being supported by the vendor.

Check this box if you wish to OPT OUT of this email notification process.

By submitting this registration form, the vendor acknowledges and agrees to:

- Reproducing forms according to RI Division of Taxation specifications,
- Submitting forms for approval in a manner prescribed by the RI Division of Taxation prior to distribution,
- If available, support the 2D version of a form,
- Correcting any issues identified in testing and resubmitting forms for approval,
- Not make forms available to customers until approved by the RI Division of Taxation,
AND
- Providing updates to customers upon notification from the RI Division of Taxation.

Check this box if your product is strictly a software library service providing forms to users.

Name of Authorized Representative:

Signature of Authorized Representative:

Title:

Date:

The Rhode Island Division of Taxation will be reviewing and testing forms to ensure their successful processing. It will be the responsibility of the vendor to review the draft versions and any updates posted by the RI Division of Taxation for content.

The RI Division of Taxation reserves the right to withhold approval of a vendor's application.



Rhode Island Department of Revenue

Division of Taxation

2020 Form List

Please check which forms your software be reproducing. If all of the forms within a section are being reproduced, simply check the box next to the tax series for that section.

Entire **1040/1040NR Series** or check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> 1040 <ul style="list-style-type: none">• Sch W - required• Sch E - required• IND-HEALTH - required• Penalty worksheet - required | <input type="checkbox"/> Schedule II pg 2 |
| <input type="checkbox"/> 1040MU | <input type="checkbox"/> Schedule III pg 1 |
| <input type="checkbox"/> 1040H | <input type="checkbox"/> Schedule III pg 2 |
| <input type="checkbox"/> 1040H – stand alone | <input type="checkbox"/> Schedule CR |
| <input type="checkbox"/> RI-6238 – Lead paint | <input type="checkbox"/> Schedule M |
| <input type="checkbox"/> 1040NR <ul style="list-style-type: none">• Sch W required• Sch E required• IND-HEALTH - required• Penalty worksheet - required | <input type="checkbox"/> Schedule U |
| <input type="checkbox"/> 1040NR-MU | <input type="checkbox"/> 2210 |
| <input type="checkbox"/> Schedule II pg 1 | <input type="checkbox"/> 2210A |
| | <input type="checkbox"/> 4868 |
| | <input type="checkbox"/> 1040ES |
| | <input type="checkbox"/> 1040V |
| | <input type="checkbox"/> 1310 |
| | <input type="checkbox"/> 4506 |
| | <input type="checkbox"/> RI-107 |
| | <input type="checkbox"/> Amended Supplement – required if amended returns are supported |

Note: 2D versions are available for both the 1040 and 1040NR. **These 2D versions must be supported.**

Entire **1041 Series** or check all that apply:

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> 1041 | <input type="checkbox"/> Schedule W - 1041 | <input type="checkbox"/> 1041ES |
| <input type="checkbox"/> 1041MU | <input type="checkbox"/> 2210 | <input type="checkbox"/> 1041V |
| <input type="checkbox"/> Schedule CR - 1041 | <input type="checkbox"/> 2210A | |
| <input type="checkbox"/> Schedule M - 1041 | <input type="checkbox"/> 8736 | |

Entire **Corporate Tax Series** or check all that apply:

- | | | |
|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> 1120C <ul style="list-style-type: none">• Sch CGM required | <input type="checkbox"/> Schedule S | <input type="checkbox"/> 2220 |
| <input type="checkbox"/> 1120F | <input type="checkbox"/> 1120ES | <input type="checkbox"/> 7004 |
| <input type="checkbox"/> Schedule B-CR * | <input type="checkbox"/> 1120V | <input type="checkbox"/> 1120POL |
| <input type="checkbox"/> 1120S | <input type="checkbox"/> 1065 | <input type="checkbox"/> BUS-EST |
| <input type="checkbox"/> Q-Sub Schedule | <input type="checkbox"/> 1065V | <input type="checkbox"/> K-1 |
| | <input type="checkbox"/> CR-PT | <input type="checkbox"/> QC-APP |

Note: 2D versions are available for the 1120C, 1120S and 1065. **These 2D versions must be supported**



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Entire **Other Business Taxes** Series or check all that apply:

- | | | |
|---------------------------------|----------------------------------|--|
| <input type="checkbox"/> T-71 | <input type="checkbox"/> T-74 | <input type="checkbox"/> BUS-V |
| <input type="checkbox"/> T-71A | <input type="checkbox"/> T-86 | <input type="checkbox"/> Schedule B-CR * |
| <input type="checkbox"/> T-71SP | <input type="checkbox"/> BUS-EST | |
| <input type="checkbox"/> T-72 | <input type="checkbox"/> BUS-EXT | |

Entire **Estate Tax Series** or check all that apply:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> 100 – DOD on or after 1/1/2002 | <input type="checkbox"/> 4768 |
| <input type="checkbox"/> 100 – DOD between 1992 and 2001 | <input type="checkbox"/> ESTATE-V |
| <input type="checkbox"/> 100A – DOD on or after 1/1/2015 | <input type="checkbox"/> IT-95 |
| <input type="checkbox"/> 100A – DOD between 2002 and 2014 | <input type="checkbox"/> T-77 |
| <input type="checkbox"/> Rhode Island Credit Chart - <i>REQUIRED</i> | <input type="checkbox"/> T-79 |

* If **Schedule B-CR** is being supported, the following credit forms are required to be supported:

- | | | |
|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> RI-2441 | <input type="checkbox"/> RI-3468 | <input type="checkbox"/> RI-7695E |
| <input type="checkbox"/> RI-2874 | <input type="checkbox"/> RI-5009 | <input type="checkbox"/> RI-8826 |
| <input type="checkbox"/> RI-2949 | <input type="checkbox"/> RI-6324 | <input type="checkbox"/> RI-9261 |

Sales Tax Series - Additional OCR scanline specifications

- | | | |
|------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> STM | <input type="checkbox"/> MBQ | <input type="checkbox"/> HOM |
| <input type="checkbox"/> STQ | <input type="checkbox"/> PWM | <input type="checkbox"/> HTDM-W |
| <input type="checkbox"/> MBM | <input type="checkbox"/> PWQ | |

Withholding Tax Series - Additional OCR scanline specifications

- WTM
- RI-941 – tax year 2020
- W-3 – tax year 2020

Pass-through and Composite Series

- | | | |
|---------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> 1096PT | <input type="checkbox"/> 1099PT | <input type="checkbox"/> 4868C |
| <input type="checkbox"/> 1096V | <input type="checkbox"/> 1096PT-ES | <input type="checkbox"/> 2210C |
| <input type="checkbox"/> 4868PT | <input type="checkbox"/> 1040C | <input type="checkbox"/> 1040C-NE |
| <input type="checkbox"/> 2210PT | <input type="checkbox"/> 1040C-V | <input type="checkbox"/> 1040C-ES |

Pass-through Entity Election Tax

- Form RI-PTE