

**TEST 1 – RI-1040**

Scenario: RI Residents Jason and Lily Bourne (deceased – 6/25/2019) of 1724 Ashe Street, Warwick, RI 02889 (new address) filing an amended Joint return with Federal AGI of \$125,600.00. TPs have a balance due of \$864.00.

***Additional information:***

SSN(s): 123-45-9999 & 123-45-8888

Electoral Contribution: YES

Specific Party: YES D

Exemption(s) 3

Use tax certification checkbox is checked

Full year coverage checkbox is checked

Estimates \$123.00

Other Payments \$150.00

Previously issued overpayments \$130.00

Primary license number and state: 123456789 - RI

Spouse license number and state (if applicable): 213456789 - RI

PTIN P45678955

Contact Preparer YES

Line 20 Child and dependent care expenses \$500.00

Checkoff Contributions:

Drug program	\$13.00
Olympic	\$2.00
RI Organ	\$12.00
RI Council on the Arts	\$14.00
Nongame Wildlife	\$16.00
Childhood Disease	\$18.00
Military Family	\$20.00

Line 38 Federal EIC \$535.00

This test will use the following additional schedule(s) and form(s). Use the data provided below to populate the schedule(s) and form(s).:

RI Schedule CR

RI Schedule E

RI Schedule M

RI Schedule MU

RI Schedule U

RI Schedule W

Form RI-2210 - \$2.00

Form RI-6238

**RI Schedule CR**

RI-0715	\$187.00
RI-2276	\$125.00
RI-286B	\$150.00
RI-6754	\$175.00
RI-7253	\$200.00
RI-8201	\$125.00
RI-9283	\$250.00
Recap #1	286B Historic \$235.00
Recap #2	2276 Scholar \$165.00

**TEST 1 – RI-1040 (continued)**

**RI Schedule E**

“Yourself” checkbox is checked

“Spouse” checkbox is checked

Name of Dependent	Social Security Number	Date of Birth	Relationship
James Bourne	123457777	07031994	Son

**RI Schedule M**

Line 1a	\$125.00	Line 1r	\$190.00
Line 1b	\$110.00	Line 1s	\$350.00
Line 1c	\$400.00	Line 1t	08/08/1930
Line 1d	\$350.00		06/18/1934
Line 1e	\$185.00		\$425.00
Line 1f	\$0.00	Line 1u	08/08/1930
Line 1g	\$250.00		06/18/1934
Line 1h	\$650.00		\$475.00
Line 1i	\$200.00	Line 2a	\$245.00
Line 1j	\$315.00	Line 2b	\$234.00
Line 1k	\$385.00	Line 2c	\$117.00
Line 1l	\$165.00	Line 2d	\$202.00
Line 1m	\$215.00	Line 2e	\$247.00
Line 1n	\$320.00	Line 2f	\$415.00
Line 1o	\$0.00	Line 2g	\$177.00
Line 1p	\$365.00	Line 2h	\$128.00
Line 1q	\$205.00		

**RI Schedule MU**

Income from MA	\$500.00
Taxes paid to MA	\$25.00
Income from CT	\$750.00
Taxes paid to CT	\$22.00

**RI Schedule U**

Line 1	\$6,500.00
Line 3	\$155.00

**RI Schedule W**

Line 1			Employer 1	129876543	157.00
Line 2		N	Employer 2	126789034	122.00
Line 3	S	E	Employer 3	121234567	128.00
Line 4		D	Employer 4	126677889	55.00
Line 5	S	M	Employer 5	124443335	65.00

Number of W2s – 5

**RI-2210**

Farmer/Fisherman checkbox is checked  
Underestimating amount is \$2.00

**RI-6238**

Total Credit     \$1,500.00

**TEST 2 – RI-1040**

**Scenario:** RI Resident Alex DeLarge with a new address of 81 Clockwork Drive in Providence, RI 02910 filing a Single return with Federal AGI of \$29,505.00. TP did not have a healthcare exemption for 3 months and has a penalty amount due of \$174 on line 12b. TP has an overpayment of \$5,527.00 and is applying \$527 of the overpayment to 2021 estimated tax with the rest being refunded.

**Additional information:**

SSN(s): 999-01-1234

Exemption(s) 1

Use tax certification checkbox is checked

Estimates \$35.00

Other Payments \$102.00

Primary license number and state: 8675309 RI

Spouse license number and state (if applicable):

PTIN P12345678

Contact Preparer YES

Line 20 Child and dependent care expenses \$100.00

Credit for taxes paid to CT

Income derived from CT \$700.00

Taxes paid to CT \$50.00

Checkoff Contributions

Drug program \$1.00

Olympic \$1.00

RI Organ \$4.00

RI Council on the Arts \$4.00

Nongame Wildlife \$5.00

Childhood Disease \$6.00

Military Family \$7.00

Line 38 Federal EIC \$854.00

This test will use the following additional schedule(s) and form(s). Use the data provided below to populate the schedule(s) and form(s).:

RI Schedule CR

RI Schedule E

RI Schedule M

RI Schedule U

RI Schedule W

RI-1040H

Form RI-6238

Form IND-HEALTH

**RI Schedule CR**

RI-0715 \$10.00

RI-2276 \$15.00

RI-286B \$17.00

RI-6754 \$20.00

RI-7253 \$22.00

RI-8201 \$23.00

RI-9283 \$25.00

Recap #1 8201 Film \$20.00

Recap #2 286B Historic \$30.00

**TEST 2 – RI-1040 (continued)**

**RI Schedule E**

“Yourself” checkbox is checked

**RI-1040H**

A Checkbox	YES	1a	\$225.00
B Checkbox	YES	1b	\$30,000.00
C Checkbox	YES	1c	11/09/1940
D Checkbox	YES	1e checkbox	YES
E Checkbox	YES	2	\$3,000.00

**RI Schedule M**

Line 1a	\$355.00	Line 1q	\$55.00
Line 1b	\$75.00	Line 1r	\$80.00
Line 1c	\$110.00	Line 1s	\$365.00
Line 1d	\$80.00	Line 1t	11/09/1940
Line 1e	\$195.00		\$95.00
Line 1f	\$0.00	Line 1u	11/09/1940
Line 1g	\$135.00		\$90.00
Line 1h	\$85.00	Line 2a	\$305.00
Line 1i	\$140.00	Line 2b	\$200.00
Line 1j	\$100.00	Line 2c	\$425.00
Line 1k	\$65.00	Line 2d	\$120.00
Line 1l	\$365.00	Line 2e	\$325.00
Line 1m	\$200.00	Line 2f	\$530.00
Line 1n	\$240.00	Line 2g	\$185.00
Line 1o	\$0.00	Line 2h	\$150.00
Line 1p	\$55.00		

**RI Schedule U**

Line 5	\$29,505.00	Line 7b	\$40.00
Line 6	\$24.00	Line 8	\$84.00
Line 7a	\$20.00		

**RI Schedule W**

Line 1		P	Employer 1	991234567	120.00
Line 2			Employer 2	997654321	200.00
Line 3		E	Employer 3	991357924	150.00
Line 4		D	Employer 4	111234567	85.00
Line 5		R	Employer 5	117654321	65.00

Number of W2s – 5

**RI-6238**

Total Credit \$5,000.00

**Form IND-HEALTH**

Exemption Number: RI123456

Minimum Essential Coverage for the months of January through April

HSRI hardship for the months of May through September

No coverage or exemption for the remainder of the year

**TEST 3 – RI-1040**

Scenario: RI Resident Hawkeye Pierce with an address of 194 Mash Street in Johnston, RI 02919 filing an Amended Married filing Separately return with Federal AGI of \$85,350.00. TP did not have minimum essential coverage or a healthcare exemption for 6 months. His dependent (under 18) also did not have minimum essential coverage or a healthcare exemption for 5 months. The penalty amount due on line 12b is \$836.00. TP has a balance due of \$2,008.00.

***Additional information:***

SSN(s): 123-12-1234

Electoral Contribution: YES

Exemption(s) 2

Estimates \$75.00

Other Payments \$100.00

Previously issued overpayments \$46.00

Primary license number and state: 1223445 RI

Spouse license number and state (if applicable):

PTIN P34125687

Contact Preparer YES

Line 20 Child and dependent care expenses \$200.00

Checkoff Contributions

Drug program	\$4.00
Olympic	\$1.00
RI Organ	\$4.00
RI Council on the Arts	\$5.00
Nongame Wildlife	\$6.00
Childhood Disease	\$7.00
Military Family	\$8.00

Line 38 Federal EIC \$275.00

This test will use the following additional schedule(s) and form(s). Use the data provided below to populate the schedule(s) and form(s):

RI Schedule CR

RI Schedule E

RI Schedule M

RI Schedule MU

RI Schedule U

RI Schedule W

Form RI-2210

Form IND-HEALTH

**RI Schedule CR**

RI-0715	\$87.00	
RI-2276	\$105.00	
RI-286B	\$110.00	
RI-6754	\$115.00	
RI-7253	\$120.00	
RI-8201	\$125.00	
RI-9283	\$130.00	
Recap #1	0715 HistRes	\$125.00
Recap #2	8201 Film	\$75.00

**TEST 3 – RI-1040 (continued)**

**RI Schedule E**

“Yourself” checkbox is checked

Name of Dependent	Social Security Number	Date of Birth	Relationship
Jane Pierce	123451233	05272006	Daughter

**RI Schedule M**

Line 1a	\$240.00	Line 1p	\$350.00	
Line 1b	\$230.00	Line 1q	\$230.00	
Line 1c	\$220.00	Line 1r	\$360.00	
Line 1d	\$210.00	Line 1s	\$120.00	
Line 1e	\$200.00	Line 1t	12/26/1950	\$140.00
Line 1f	\$0.00	Line 1u	12/26/1950	\$150.00
Line 1g	\$300.00	Line 2a	\$305.00	
Line 1h	\$290.00	Line 2b	\$355.00	
Line 1i	\$280.00	Line 2c	\$345.00	
Line 1j	\$270.00	Line 2d	\$305.00	
Line 1k	\$260.00	Line 2e	\$325.00	
Line 1l	\$310.00	Line 2f	\$315.00	
Line 1m	\$320.00	Line 2g	\$330.00	
Line 1n	\$670.00	Line 2h	\$35.00	
Line 1o	\$0.00			

**RI Schedule MU**

Income from DE	\$3,000.00
Taxes paid to DE	\$70.00
Income from VT	\$2,005.00
Taxes paid to VT	\$65.00
Income from ME	\$4,022.00
Taxes paid to ME	\$150.00
Income from AZ	\$5,000.00
Taxes paid to AZ	\$100.00

**RI Schedule U**

Line 1	\$3,500.00
Line 3	\$145.00

**RI Schedule W**

Line 1		P	Employer 1	999199999	117.00
Line 2			Employer 2	882888888	113.00
Line 3		R	Employer 3	774777777	65.00
Line 4		E	Employer 4	667666666	35.00

Number of W2s – 4

**RI-2210**

Annualization of Income checkbox is checked  
Underestimating amount is \$74.00

**TEST 3 – RI-1040 (continued)**

**Form IND-HEALTH**

Primary - No Minimum Essential Coverage for the months of January through June; Minimum Essential Coverage from July through the end of the year

Dependent - No Minimum Essential Coverage for the months of January through May:  
Minimum Essential Coverage from June through the end of the year

**TEST 4 – RI-1040**

Scenario: RI Resident Harry Potter of 21 Hogwarts Avenue, Providence, RI 02908 filing Single with federal AGI of negative \$67,500.00 and a decreasing modification of \$1,215.00 for Railroad Retirement benefits on line 1d of RI Schedule M. TP has an overpayment of \$500.00 to be refunded.

***Additional information:***

SSN(s): 246-12-1234

Electoral Contribution: No

Specific Party: No

Exemption(s) 1

Use tax certification checkbox is checked

Full year coverage checkbox is checked

Estimates \$500.00

Primary license number and state: 7764221 - RI

Spouse license number and state (if applicable):

PTIN P45678899

Contact Preparer YES

This test will use the following additional schedule(s) and form(s). Use the data provided below to populate the schedule(s) and form(s):

RI Schedule E

RI Schedule M

**RI Schedule E**

“Yourself” checkbox is checked

**RI Schedule M**

Line 1d \$1,215.00