| RI-104 | Rhode Island Nonresident Individual Income Tax R (To be used by nonresident and part-year resident taxpayers) | eturn 2001 | | | | | | |
|---------------------|--|--|-------------------------------------|-----------------------------------|-----------|--|--|--|
| | First Name Initial Last Name | | Your So | ocial Security Nu | ımber | | | |
| Name and | | | | | | | | |
| Address | Spouse's First Name Initial Last Name | | Spouse's | S Social Security | Number | | | |
| Audress | Spouse's 1'list (value limital Last (value | | Spouse | | rumoer | | | |
| please | Descrit House Address (Number and Christ Individual Asseturent No. on Divid Dayle) | | Daytime | Telephone Nur | nher | | | |
| - | Present Home Address (Number and Street, Including Apartment No. or Rural Route) | | Daytiiik | receptione rvai | noci | | | |
| print or type | City Towns Day Office | 0.1. | () City or Town of Legal Residence | | | | | |
| | City, Town or Post Office State Zip of | Code | City of | Town of Legal P | residence | | | |
| . | \$5.00 (\$10.00 if a joint return) See instructions. If you wish the 1st \$2.00(\$4.00 if a joint return) | urn) to be paid to a specific party | | 7 | | | | |
| Electoral | NOTE: this will not increase your tax or check the 1st box and fill in the name of the | political party. If you wish it to | | | | | | |
| Contribution | reduce your refund. Check one. No paid to a nonpartisan general account, check Married filing joint | | | Nonpartisan Gene | | | | |
| Filing | Check only one box 1 Single 2 return (even if only one 3 Married filing separate return | 4 Head of Household (with qualifying per | | Qualifying wid dependent child | | | | |
| Status | had income) | (man quant) mg per | | dependent emi | | | | |
| Income | 1. Federal AGI (Adjusted Gross Income) - Federal Form 1040, line 33; 1040A, line 19; 1040 EZ, lin | ne 4; Telefile item I | 1. | | | | | |
| | 2. Net modifications to Federal AGI (If no modifications, enter zero on this line) - page 2, schedule | I line 25 | 2. | | | | | |
| | 2 The modification of Teorem 101 (II no modifications, other 2010 on and mo) page 2, sentence | 1, III.0 2011111111111111111111111111111111111 | | | | | | |
| | 3. Modified Federal AGI - combine lines 1 and 2 - (add net increases or subtract net decreases) | | 3. | | | | | |
| | 4. Federal deductions - Federal Form 1040, line 36; 1040A, line 22; 1040EZ, line 5; Telefile item J | (first box) | 4. | | | | | |
| | 1. Federal deductions Tederal Form To To, line 30, To ToT, line 22, To ToLL, line 3, Telefile telling | (11131 00%) | ···· | | | | | |
| | 5. Subtract line 4 from line 3 | | 5. | | | | | |
| | 6. Federal exemption amount - Federal Form 1040, line 38; 1040A, line 24; 1040EZ enter zero; Tel- | efile item I (second box) | 6. | | | | | |
| | 7 Teachar Chempach and Call 10 10 10 10 10 10 10 10 10 10 10 10 10 | ome nem v (second con) | _ | | | | | |
| | 7. RI taxable income - subtract line 6 from line 5 | | 7. | | | | | |
| Tax and | 8. RI income tax Check only ✓ RI Tax Table or RI Tax Rate Schedules RI Schedules | dule D RI Schedule | J 8. | | | | | |
| Credits | one oox | | | | | | | |
| Creates | 9. RI alternative minimum tax - Form RI-6251, page 4, line 10 | | 9. | | | | | |
| | 10. Total RI income tax to be allocated - add lines 8 and 9. | | 10 | | | | | |
| | 11. RI percentage of allowable Federal credits - from page 2, schedule II, line 34 | | 11 | | | | | |
| | 12. RI tax after allowable Federal credits - before allocation - subtract line 11 from line 10 (not less the | han zero) | 12 | | | | | |
| Allogation | 13. RI allocated income tax - (check only one) | | | | | | | |
| Allocation | All income is from RI, Nonresident with income from outside Part-year r | esident with income from | 13 | | | | | |
| | enter amount from line 12 RI, complete page 5, schedule III and enter outside RI, | complete page 7, schedule V | | | | | | |
| | on this line. result on this line. enter result | | | | | | | |
| Credits | | | | • | | | | |
| Attach Forms W-2 | 15. Total RI income tax after RI credits - subtract line 14 from line 13 (not less than zero) | | 15 | | | | | |
| and 1099 | 16. RI checkoff contributions - page 2, schedule IV, line 35G. | | 16 | | | | | |
| here. | (NOTE: These contributions will increase your balance due or reduce your refund) | | 10 | | | | | |
| | 17. Total RI tax and checkoff contributions - add lines 15, 16 and Use/Sales tax due \$ | from RI-T205P, page 4, line | 31 17 | | | | | |
| D 4 | 18. A. RI 2001 income tax withheld (Please attach forms - W-2, 1099, etc.) | 18A. | | | | | | |
| Payments | | | _ | Check if exten | sion is | | | |
| Enclose, but do | B. 2001 estimated tax payments and amounts applied from 2000 return | 18B. | | attached | | | | |
| not attach any | C. Nonresident withholding on real estate sales in 2001 | 18C. | | √ □ | | | | |
| payment. Also, | | | _ | | | | | |
| please use Form | D. Other Payments | 18D. | | | | | | |
| RI-1040V. | E. Total payments and credits - add lines 18A, 18B, 18C, and 18D | | 18I | ∃. | | | | |
| Amount | 19. If line 17 is larger than line 18E, SUBTRACT line 18E from line 17 - This is the amount you ov | ve Complete RI-1040V | _ | | | | | |
| Due | DI 2010 |)(| 3 19 | | | | | |
| Refund | 20. If line 18E is larger than line 17, subtract line 17 from 18E - This is the amount you overpaid | (| <u> </u> | | | | | |
| | Mail refund returns to - RI Division of Taxation One Capitol Hill Providence, RI 02908-58 | 306 | | | | | | |
| | 21. Amount of overpayment to be refunded. | | 21 | | | | | |
| | 22. Amount of overpayment to be applied to 2002 estimated tax | 22. | | | | | | |
| | RETURN MUST BE SIGNED - SIGNATURE LINE IS LOCATI | | | | | | | |
| | RETURN WIUST DE SIGNED - SIGNATURE LINE IS LUCATI | DUNIAGE 4 | | | | | | |

| SCH | HEDULE I RI MODIFICATIONS TO FEDERAL AGI | | 2001 |
|-----------------|--|------------------------------|-------------------------------|
| 23. | A. Modifications increasing Federal AGI - income from obligations of any state or its political subdivisions, other than RI (attach documentation) | | |
| | B. Other modifications increasing Federal AGI (see instructions - attach documentation) | | |
| | C. Total modifications increasing Federal AGI - add lines 23A and 23B | | 23C. |
| 24. | A. Modifications decreasing Federal AGI - income from obligations of the U.S. government included in Federal AGI but exempt from state income taxes (attach documentation) | | |
| | B. Other modifications decreasing Federal AGI (see instructions - attach documentation) | | |
| | C. Total modifications decreasing Federal AGI - add lines 24A and 24B (enter as a negative amount) | | 24C. () |
| 25. I | Net modifications to Federal AGI - combine lines 23C and 24C (Enter here and on page 1, line 2) | | 25. |
| SCH | HEDULE II ALLOWABLE FEDERAL CREDITS | | |
| 26. I | RI income tax to be allocated - page 1, line 10 | | 26. |
| 27. I | Foreign tax credit - Federal Form 1040, line 43 | | |
| 28. (| Credit for child and dependent care expenses - Federal Form 1040, line 44; 1040A, line 27 | | |
| 29. (| Credit for the elderly or the disabled - Federal Form 1040, line 45; 1040A, line 28. 29. | | |
| | General business credit(s); mortgage interest credit; credit for prior year minimum tax; empowerment 30. | | |
| 31. I | zone employment credit; qualified electric vehicle credit - Federal Form 1040, line 50 | | |
| 32. | | 32. | |
| 33. | Tentative allowable Federal credits - multiply line 32 by 25.5% | | 33. |
| 34. I | Maximum credit (line 26 or 33 whichever is smaller) - Enter here and on page 1, line 11 | | 34. |
| SCH | HEDULE III ALLOCATION AND MODIFICATION FOR NON (Part-year residents complete page 7, schedule V) | RESIDENTS is | s located on page 5 |
| SCH | HEDULE IV RI CHECKOFF CONTRIBUTIONS NOTE: contributions | will increase your balan | ce due or reduce your refund. |
| 35. | A. Drug Program account\$1.00 \$5.00 \$10.00 Other | \$ | 35A. |
| | B. Olympic Contribution \$1.00 (\$2.00 if a joint return) | | . 35B. |
| | C. R.I. Organ Transplant Fund. \$1.00 \$5.00 \$10.00 Other | \$ | 35C. |
| | D. R.I. Council on the Arts\$1.00 \$5.00 \$10.00 Other | \$ | 35D. |
| | E. R.I. Nongame Wildlife Appropriation\$1.00 \$5.00 \$10.00 Other | \$ | 35E. |
| | F. Childhood Disease Victims' Fund\$1.00 \$5.00 \$10.00 Other | \$ | 35F. |
| | G. Total Contributions - add lines 35A, 35B, 35C, 35D, 35E and 35F - Enter here and on page 1, line 16 | | . <mark>35G.</mark> |
| | Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge | and belief, it is true, corr | ect and complete. |
| Your Signatu | Date | | Date |
| | do not need forms mailed to you next year, check box. ✓ May the Division contact: PREPARER'S SIGNATURE & ADDRESS SSN, PTIN or | | Telephone Number |
| | page 2 | ` | • |

RI-1040NR

2001

Name(s) shown on Form RI-1040NR

Your Social Security Number

SCHEDULE III NONRESIDENT TAX CALCULATION

(This schedule is only to be completed by full year nonresidents - Part-year residents complete page 7, schedule V)

| PA | PART 1 ALLOCATION AND TAX WORKSHEET column A | | | | | |
|-----|--|----------|------------|-----|---------|--|
| | | [| RHODE ISLA | ND | FEDERAL | |
| 1. | Wages, salaries, tips, etc Federal Form 1040 or 1040A, line 7; 1040EZ, line 1; Telefile item I | 1. | | | | |
| 2. | Interest and dividends - Federal Form 1040 or 1040A, lines 8a and 9; 1040EZ, line 2 | 2. | | | | |
| 3. | Business income - Federal Form 1040, line 12. | 3. | | | | |
| 4. | Sale or exchange of property - Federal Form 1040, lines 13 and 14; 1040A, line 10 | 4. | | | | |
| 5. | Pension and annuities; rents and royalties, etc Federal Form 1040, lines 15b, 16b and 17; 1040A, lines 11b and 12b. | 5. | | | | |
| 6. | Farm income - Federal Form 1040, line 18. | 6. | | | | |
| 7. | Miscellaneous income - Federal Form 1040, lines 10, 11, 19, 20b and 21; 1040A, lines 13 and 14b; 1040EZ, line 3 | 7. | | | | |
| 8. | Total - add lines 1, 2, 3, 4, 5, 6 and 7 | 8. | | | | |
| 9. | Adjustments (attach schedule) - Federal Form 1040, line 32; 1040A, line 18. | 9. | | | | |
| 10. | Adjusted gross income - subtract line 9 from line 8. | 10. | | | | |
| 11. | Net modifications to Federal AGI. | 11. | | | | |
| 12. | Modified Federal AGI - combine lines 10 and 11 Amount in column B should be equal to amount on RI-1040NR, page 1, line 3 | 12. | | | | |
| 13. | Allocation - divide line 12, column A by line 12, column B (if line 12, column A is greater than line 12, column B | 3 enter | 1.0000) | 13. | _ • | |
| 14. | RI tax after allowable Federal credits - before allocation - RI-1040NR, page 1, line 12 | | | 14. | | |
| 15. | RI income tax - multiply line 14 by line 13 - enter here and on RI-1040NR, page 1, line 13 and check the N onres | sident b | ox | 15. | | |

2001

Name(s) shown on Form RI-1040NR

Your Social Security Number

PART 2 ALLOCATION OF WAGE AND SALARY INCOME TO RHODE ISLAND

NOTE: Use this schedule only if you worked for the same employer in more than one state and your wages or salary income has not been allocated on your W-2.

| | | | · | | | |
|--|--|------|----------|-----|-----|------|
| 1. | Wages, salaries, tips, etc. | 1. | | | | |
| 2. | Total days in year | | | 2. | 365 | days |
| 3. | Sick leave days. | 3. | days | | | |
| 4. | Vacation days | 4. | days | | | |
| 5. | Other nonworking days (Saturdays, Sundays, holidays and etc.) | 5. | days | | | |
| 6. Total nonworking days - add lines 3, 4 and 5. | | | | 6. | | days |
| 7. | Total days worked in year - subtract line 6 from line 2 | | | 7. | | days |
| 8. | Total days worked outside RI. | | | 8. | | days |
| 9. | Days worked in RI - subtract line 8 from line 7 | | | 9. | | days |
| 10. | Allocation - divide line 9 by 7 | | | 10. | _ • | |
| 11. | RI amount - multiply line 1 by line 10 - enter here and include on RI-1040NR, page 5, schedule III, line 1, column | nn A | . | 11. | i | |
| | | | • | | | |

PART 3 BUSINESS ALLOCATION PERCENTAGE

| | | | | Column A Column B | | | Column C |
|----|---|----|-----------|-------------------|---------------|----|-------------------|
| | | | RI amount | S | Total amounts | | (col. A ÷ col. B) |
| 1. | Real property owned | 1. | | | | | |
| 2. | Real property rented from others (8 times annual net rental rate) | 2. | | | | | |
| 3. | Tangible personal property owned | 3. | | | | | |
| 4. | Total property - add lines 1, 2 and 3 then divide column A by column B and enter in column C | 4. | | | | | _ • |
| 5. | Wages, salaries and other personal service compensation paid during the year - divide column A by column B and enter amount in column C | 5. | | | | | |
| 6. | Gross sales of merchandise or charges for services during the year - divide column A by column B and enter amount in column C | 6. | | | | | _ • |
| 7. | Total of percentages in column C - add lines 4, 5 and 6. | | | | | 7. | _ • |
| 8. | Business allocation percentage - divide line 7 by three or the number of percentages on l Enter here and in column B below | | | | | 8. | |

Enter line number and amount of each item of business income (or loss) reported on RI-1040NR, page 5, schedule III, column B required to be allocated and multiply by allocation percentage to determine RI amount. Then enter amounts from column C on corresponding lines on RI-1040NR, page 5, schedule III, column A.

| | | Column A | Column B | Column C |
|---|-----|--------------------------|---------------------|-------------------|
| | | (income to be allocated) | (from line 8 above) | (col. A x col. B) |
| 9. Line number from RI-1040NR, page 5, schedule III, column A - line | 9. | | _ • | |
| 10. Line number from RI-1040NR, page 5, schedule III, column A - line | 10. | | _ • | |
| 11. Line number from RI-1040NR, page 5, schedule III, column A - line | 11. | | _ • | |
| 12. Line number from RI-1040NR, page 5, schedule III, column A - line | 12. | | _ • | |
| 13. Line number from RI-1040NR, page 5, schedule III, column A - line | 13. | | _ • | |

RI-1040NR

Name(s) shown on Form RI-1040NR

Your Social Security Number

SCHEDULE V PART-YEAR RESIDENT TAX CALCULATION

(This schedule is only to be completed by part-year residents. - Full year nonresidents complete page 5, schedule III)

A part-year resident is a person who changed his legal residence by moving into or moving out of RI at any time during the year 2001. If you are a part-year resident you should complete this schedule. If you did not earn any income outside the state of RI while you were living in RI complete part 1 below. If any of your income earned while you were living in RI was taxed by another state complete part 1, below, and page 8, part 2.

If at any time during the year you were not a legal resident of RI, DO NOT COMPLETE THIS SCHEDULE. Complete page 5, schedule III.

PART 1 ALLOCATION AND TAX WORKSHEET

Instructions

| Column A | A Enter in column A amounts of income and adjustments reported on your Federal income tax return. | | | | | | | | | | | |
|---|--|---------------|-----------|--------------|---------|---------|-----------|----|----|------|---------|--|
| Column B | umn B Enter in column B the amount of income and adjustments from column A that you earned while you were a RI resident. This includes all your income earned inside and outside RI while you were a resident. | | | | | | | | | | | |
| Column C | olumn C Enter in column C the amount of income you earned while you were a non-resident of RI. This includes all your income earned inside and outside of RI while you were a nonresident. | | | | | | | | | | | |
| Enter in column D the amount of income from column C derived from or connected with RI sources while you were a nonresident of RI. RI source income includes, but is not limited to, services performed in RI, income from real or tangible property in RI and income from businesses conducted in RI. | | | | | | | | | | | | |
| | | | | | FEDERAL | L | RI RESIDE | NT | RI | NONR | ESIDENT | |
| Enter dates | s you were a Rh | ode Island r | esident: | | INCOME | 2 | PERIOD | | | PER | IOD | |
| from | Column A Column B Column C Column C INCOME FROM INCOME FROM INCOME FROM FEDERAL RETURN COLUMN A FOR THIS PERIOD FOR THIS PERIOD FROM RI SO | | | | | OM C | | | | | | |
| 1. Wages, s | alaries, tips, etc F | ederal Form 1 | 040 or 10 | 40A, line 7; | | | | | | | | |

Name(s) shown on Form RI-1040NR

Your Social Security Number

SCHEDULE V PART-YEAR RESIDENT TAX CALCULATION (con't)

(This schedule is only to be completed by part-year residents - Attach a signed copy of return filed with other state)

PART 2 CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE AND TAX WORKSHEET

| 17. RI income tax - from page 7, schedule V, part 1, line 16 | . 17. | | | |
|--|-------|-----|--|--|
| 18. Income taxed by other states while a RI resident included on page 7, schedule V, part 1, line 10, column B | | | | |
| 19. Total RI income - page 7, schedule V, part 1, line 13 | . 19. | | | |
| 20. Divide line 18 by line 19 | . 20. | _ • | | |
| 21. Multiply line 17 by line 20. | . 21. | | | |
| 22. Tax due and paid to other state | . 22. | | | |
| 23. Amount from line 18 above | | | | |
| 24. Total adjusted gross income from other state's income tax return (attach copy of return) | | | | |
| 25. Divide line 23 by line 24 | . 25. | _ • | | |
| 26. Multiply line 22 by line 25 | . 26. | | | |
| 27. Maximum tax credit (line 17, 21 or 26 whichever is the smallest) | . 27. | | | |
| 28 . RI income tax - subtract line 27 from line 17 - enter here and on RI-1040NR, page 1, line 13 and check the P_{a} | . 28. | | | |