

## State of Rhode Island and Providence Plantations

## 2013 Form RI-1040NR

Nonresident Individual Income Tax Return

Your nan	ne	Y	Your social security number					
Spouse's name Spouse's social security nur								
Address		D	aytime phone number					
City, town or post office State ZIP code City or town of legal residence								
ELECTORA CONTRIBU		to this fund, check here. (See instructions. This party, check	the 1st \$2.00 (\$4.00 if a joint k the box and fill in the name to a nonpartisan general acc	of the i				
FILING STATUS		Check only one box	filing separately	5	Qualifying wido	w(er)		
INCOME, TAX AND	1 2	Federal AGI from Federal Form 1040, line 37; 1040A, line 21 or 1040EZ, I		1 2				
CREDITS		Net modifications to Federal AGI from RI Schedule M, line 3. If no modific	•					
	3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtra	,					
( Rhode ) Island	4 5	Deductions. RI Standard Deduction (left margin). If line 3 is over \$186,550, see Sta Subtract line 4 from line 3		5				
Standard	6	Exemptions. Enter federal exemptions in box, multiply by \$3,750 and enter		3				
Deduction Single	U	on line 6. If line 3 is over \$186,550, see Exemption Worksheet on page i	1   X \$3 750 =	6				
\$8,000	7	RI TAXABLE INCOME. Subtract line 6 from line 5	7					
Married	8	RI income tax from Rhode Island Tax Table or Tax Computation Workshee						
filing jointly or	9	RI percentage of allowable Federal credit from page 2, RI Sch I, line 25	9					
Qualifying	10	Rhode Island tax after allowable Federal credit - before allocation. Subtract line						
widow(er) \$16,000	11	RI allocated All income is from RI, Nonresident with income from	10					
Married filing	••	Check only one box.  Income tax.  enter amount from line outside RI, complete page 7, Sch II and enter result on this line.	11					
separately \$8,000	12	Other Rhode Island Credits from RI Schedule CR, line 4	enter result on this line.					
Head of		Rhode Island income tax after credits. Subtract line 12 from line 11 (not le						
household		Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR						
\$12,000		RI checkoff contributions from page 2, RI Checkoff Schedule, line 33 Contri	14					
	15	USE/SALES tax due from page I-5, line 6 of the Individual Consumer's Us	15					
	16	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a, 13b	16					
PAYMENTS	17a	RI 2013 income tax withheld from RI Schedule W, line 16 (Attach all Forms W-2 and 1099 with RI withholding, AND Sch W)	7a		Check ✓ if			
Attach	b		7b		extension is			
Forms W-2			7c		attached.			
and 1099 here.			7d					
	е	Other payments	7e					
	f	TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d and 17	'e	17f				
AMOUNT DUE	<b>1</b> 8a	AMOUNT DUE. If line 16 is LARGER than line 17f, subtract line 17f from line 16	8a					
		Check ✓ if RI-2210 or RI-2210A is attached and enter underestimating						
	С	TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and s	end in with your payment 😥	18c				
REFUND		AMOUNT OVERPAID. If line 17f is LARGER than line 16, subtract line 16 an amount due for underestimating interest on line 18b, subtract line 1	from line 17f. If there is	19				
	20	Amount of overpayment to be refunded		20				
			21					



## State of Rhode Island and Providence Plantations

## 2013 Form RI-1040NR

Nonresident Individual Income Tax Return

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT  22 Ri income tax from page 1, line 8	Name	Your social security number						
RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTION RIGL \$44-30-2.4.	- rame			our coolar coounty manner	<b>.</b>			
RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTION RIGL \$44-30-2.4.								
RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTION RIGL \$44-30-2.4.								
RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTIONS SCHEDULE  RI CHECKOFF CONTRIBUTION RIGL \$44-30-2.4.	DI COLIEDUI E I ALLOWADI E EEDE	DAL CREDIT						
23 Credit for child and dependent care expenses from Federal Form 1040, line 48 or Form 1040A, line 29.  24 Tentative allowable federal credit. Multiply line 23 by 25% (0.2500)		00	<b>.</b>					
or Form 1040A, line 29. 24  1 Tentative allowable federal credit. Multiply line 23 by 25% (0.2500)					22	<u> </u>		
24 Tentative allowable federal credit. Multiply line 23 by 25% (0.2500). 25  MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on RI-1040NR, page 1, line 9	•	•		2				
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 III is located on page 7.  Schedule III is located on page 9.  NONRESIDENTS and PART-YEAR RESIDENTS with all income from outside Rhode Island. RI Schedule III is located on page 9.  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  Note: Contributions reduce your refund or increase your balance due.  \$1.00 \$5.00 \$10.00 Other    Prince   Prince	•				24		-	
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 III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island. RI Schedule III is located on page 7.  Schedule III should be completed by PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.  RI CHECKOFF CONTRIBUTIONS SCHEDULE  Note: Contributions reduce your refund or increase your balance due.  S1.00 \$5.00 \$10.00 Other  Contributions reduce your refund or increase your balance due.  S1.00 \$5.00 \$10.00 Other  Contributions reduce your refund or increase your balance due.  RI Organ Transplant Fund RIGL \$44-30-2.4								
Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island.  RI Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island.  RI Schedule III should be completed by PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.  RI CHECKOFF CONTRIBUTIONS SCHEDULE  Note: Contributions reduce your refund or increase your balance due.  Story Drupp crogram account RiGL \$44-30-2.4	25 WAXIMOW CREDIT. Line 22 of 24, wi	lichever is SWALLER. Enter here	and on Ki-	1040NK, page 1, line 9	20	)		
Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island.  RI Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island.  RI Schedule III should be completed by PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.  RI CHECKOFF CONTRIBUTIONS SCHEDULE  Note: Contributions reduce your refund or increase your balance due.  Story Drupp crogram account RiGL \$44-30-2.4	DI SCHEDIJI E II AND III - ALI OCATIO	N AND MODIFICATION FOR I	NONDESI	DENTS				
RI Schedule III is located on page 7.  Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island. RI Schedule III is located on page 9.  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  Note: Contributions reduce your refund or increase your balance due.  \$1.00 \$5.00 \$10.00 Other  Drug program account RIGL \$44-30-2.4	NI SCHEDOLE II AND III - ALLOCATIC	IN AND MODIFICATION FOR I	NONKESI	DENTS				
Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island.  RI Schedule III is located on page 9.  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  Note: Contributions reduce your refund or increase your balance due. \$1.00 \$5.00 \$10.00 Other  Drug program account RIGL \$44-30-2.4	Schedule II should be completed by NONRE	ESIDENTS with income from outsid	le Rhode Isl	and.				
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  Note: Contributions reduce your refund or increase your balance due. \$1.00 \$5.00 \$10.00 Other  Drug program account RIGL \$44-30-2.4	RI Schedule II is located on page 7.							
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  Note: Contributions reduce your refund or increase your balance due. \$1.00 \$5.00 \$10.00 Other  Drug program account RIGL \$44-30-2.4	Schedule III should be completed by PAPT.	VEAD DESIDENTS with income fro	om outeida l	Phode Island				
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  Note: Contributions reduce your refund or increase your balance due. \$1.00 \$5.00 \$10.00 Other  26		TEAN RESIDENTS WITH INCOME ITO	Jili Outside i	Vilode Island.				
RI CHECKOFF CONTRIBUTIONS SCHEDULE  Note: Contributions reduce your refund or increase your balance due. \$1.00 \$5.00 \$10.00 Other  Drug program account RIGL \$44-30-2.4	. 0							
RI CHECKOFF CONTRIBUTIONS SCHEDULE  Note: Contributions reduce your refund or increase your balance due.  26		INTS with all income from Rhode Is	sland source	es do not need to comple	ete			
Note: Contributions reduce your refund or increase your balance due. \$1.00 \$5.00 \$10.00 Other  26 Drug program account RIGL \$44-30-2.4	either schedule II or III.							
Note: Contributions reduce your refund or increase your balance due. \$1.00 \$5.00 \$10.00 Other  26 Drug program account RIGL \$44-30-2.4	RI CHECKOFF CONTRIBUTIONS SCH	IEDULE						
Drug program account RIGL §44-30-2.4			\$5.00 \$	10.00 Other				
Olympic Contribution RIGL §44-30-2.1 Yes \$1.00 contribution (\$2.00 if filing a joint return) 27  RI Organ Transplant Fund RIGL §44-30-2.5			Ψ0.00 Ψ		26	3	-	
RI Organ Transplant Fund RIGL §44-30-2.5	9	_	ntribution (\$	2.00 if filing a joint return			-	
RI Council on the Arts RIGL §42-75.1-1	d-						-	
30 Childhood Disease Victim's Fund RIGL §44-30-2.2	•	•					-	
31 32 33 TOTAL CONTRIBUTIONS. Add lines 26, 27, 28, 29, 30, 31 and 32. Enter here and on RI-1040NR, pg 1, line 14. 33 32 32 32 33 TOTAL CONTRIBUTIONS. Add lines 26, 27, 28, 29, 30, 31 and 32. Enter here and on RI-1040NR, pg 1, line 14. 33 32 32 32 32 32 32 32 32 32 32 32 32		-					$\neg$	
32 32 33 TOTAL CONTRIBUTIONS. Add lines 26, 27, 28, 29, 30, 31 and 32. Enter here and on RI-1040NR, pg 1, line 14. 33  RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT  34 Rhode Island income tax from RI-1040NR, page 1, line 13a								
TOTAL CONTRIBUTIONS. Add lines 26, 27, 28, 29, 30, 31 and 32. Enter here and on RI-1040NR, pg 1, line 14. 33  RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT  ARhode Island income tax from RI-1040NR, page 1, line 13a. 34  Federal earned income credit from Federal Form 1040, line 64a; 1040A, line 38a, or 1040EZ, line 8a. 35  Rhode Island percentage. 36 25%  Multiply line 35 by line 36. 37  Benter the SMALLER of line 34 or line 37. 38  Subtract line 38 from line 37 (If zero or less, enter the amount from line 38 on line 42. Otherwise, continue to line 40.) 39  40 a Refundable percentage. 40  b Multiply line 39 by line 40a. 40b  c Rhode Island allocation from RI-1040NR, page 7, Schedule II, line 13 or RI-1040NR, page 9, Schedule III, line 14. If all income is from RI, enter 1.0000. 40c  41 RI refundable earned income credit. Multiply line 40b by line 40c. 41  TOTAL RI EARNED INCOME CREDIT. Add lines 38 and 41. Enter here and on RI-1040NR, page 1, line 17d 42  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge. Your signature Spouse's signature Date Telephone number								
RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT  34 Rhode Island income tax from RI-1040NR, page 1, line 13a			er here and	on RI-1040NR, pg 1, line			-	
Rhode Island income tax from RI-1040NR, page 1, line 13a		., , ., ., .,		7,5				
Separation of the second secon	RI SCHEDULE EIC - RHODE ISLAND	EARNED INCOME CREDIT						
Separation of the second secon	34 Rhode Island income tax from RI-1040	NR, page 1, line 13a			34		$\neg$	
Rhode Island percentage				$\neg$				
Subtract line 38 from line 37 (If zero or less, enter the amount from line 38 on line 42. Otherwise, continue to line 40.)  Subtract line 38 from line 37 (If zero or less, enter the amount from line 38 on line 42. Otherwise, continue to line 40.)  Refundable percentage	36 Rhode Island percentage				36	25%	$\neg$	
Subtract line 38 from line 37 (If zero or less, enter the amount from line 38 on line 42. Otherwise, continue to line 40.)  40 a Refundable percentage	37 Multiply line 35 by line 36	37	,					
40 a Refundable percentage	38 Enter the <b>SMALLER</b> of line 34 or line 3	38	3					
b Multiply line 39 by line 40a	39 Subtract line 38 from line 37 (If zero or	<b>40.</b> ) 39	)					
C Rhode Island allocation from RI-1040NR, page 7, Schedule II, line 13 or RI-1040NR, page 9, Schedule III, line 14.  If all income is from RI, enter 1.0000	40 a Refundable percentage	40	15%	$\neg$				
If all income is from RI, enter 1.0000	b Multiply line 39 by line 40a	40	b	$\neg$				
RI refundable earned income credit. Multiply line 40b by line 40c	c Rhode Island allocation from RI-1040N	e 14.		$\neg$				
TOTAL RI EARNED INCOME CREDIT. Add lines 38 and 41. Enter here and on RI-1040NR, page 1, line 17d  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  Date  Telephone number	If all income is from RI, enter 1.0000	40	c					
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  Spouse's signature  Date  Telephone number	41 RI refundable earned income credit. N	41						
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  Date  Telephone number	42 TOTAL RI EARNED INCOME CREDIT	d 42	2					
Your signature Date Telephone number								
				€.				
Paid preparer signature Print name Date Telephone number	Tour digitature	Opouse's signature		Date	16	Dispriorio Humber		
Paid preparer 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	Paid preparer address	City, town or post office	State	ZIP code		PTIN		