

State of Rhode Island and Providence Plantations

2014 Form RI-1096PT

Pass-through Withholding Return and Transmittal

		Name			Federal	l emp	loyer identification number	er		
	Amended	Address								
	Sub S Corp									
	LLC	Address 2								
		City, town or post office	State	ZIP code	E-mail a	addre	ess			
	Partnership	Year end								
	Trust		Fiscal \	ear: MM/DD/2	014	throug	h MM/DD/	-		
	Cannot distribu	ute due to Federal or State restrictions (see instructions) Mem	bers v	vith less than \$1,000	in RI sc	ource	income (see instructions	s)		
WITI	HOLDING CA	LCULATION		Column A C Corporations or	ily	S LL	Column A Sub S Corps, Individuals, .Cs, Partnerships & Trusts			
1	Rhode Island	source income of nonresident members net of modification	1a	1		1b				
2	Rhode Island	nonresident pass-through withholding rate	2a	9.0%		2b	5.99%			
3	Rhode Island	pass-through withholding. Multiply line 1 by line 2	3a	ı		3b				
4	TOTAL Rhode		4							
5	Rhode Island		5							
6	Tentative Rhoo		6							
7	Rhode Island	estimated tax paid on form RI-1096PT-ES	7							
88	Ba Credit for withholding paid on behalf of reporting entity. Enter the identification number(s) of issuing entity or entities below. (see instructions)						Check ✓ if extension is			
81		nonresident withholding on real estate sales in 2014 ONLY if entit nbers' names, was provided to Division of Taxation at time of closing.	1				attached.			
80	Other paymen	ts	80	;						
9	Total payment	s and credits. Add lines 7, 8a, 8b and 8c				9				
10	Balance due. to the RI-1099 Check if t	10								
11	Excess withh be allocated to t	11								
NOT		nholding from all RI-1099PTs that have been issued must nount from line 6 or line 9 above, whichever is larger.	Nun	nber of 1099s issued	:					
	Attach all IS	SUED RI-1099PTs to the BACK of this Form RI-1096PT.	Tota	al amount of 1099s is	sued:					

State of Rhode Island and Providence Plantations

2014 Form RI-1096PT

Pass-through Withholding Return and Transmittal

Name	l employ	er identific	cation numbe		
SCHEDULE A - CALCULATION FOR AN ENTITY WITH AT LEAST ONE C CORP MEMBER WIT	H L	ESS THA	N \$1,0	00.00 O	F INCOME
	mn A orations		Column B Number of Members		
Rhode Island source income of ALL nonresident C Corporation members net of modifications (attach schedule)	1				
2 Rhode Island source income of those nonresident C Corporation members with income of less than \$1,000 net of modifications (attach schedule)	2				
3 Rhode Island source income of nonresident C Corporation members with income of \$1,000 or more net of modifications. Subtract line 2 from line 1 . Enter here and on pg 1, Col A, Line 1a	3				
CCHEDULE B - CALCULATION FOR AN ENTITY WITH AT LEAST ONE NON-C CORP MEMBER		Colu S Corps, In	mn A dividual	s, LLCs,	Column B Number of
Rhode Island source income of ALL nonresident members other than C Corporations net of modifications (attach schedule)	Partnership	s and Tr	usts	Members	
Rhode Island source income of those nonresident members other than C Corporations with income of less than \$1,000 net of modifications (attach schedule)					
3 Rhode Island source income of nonresident members other than C Corporations with income of \$1,000 or more net of modifications. Subtract line 2 from line 1 . Enter here and on page 1, Column B, Line 1b					
VORKSHEET FOR PAGE 1, LINE 5					
5a Rhode Island nonresident real estate withholding - ONLY include if a breakdown of <u>each shareholding amount</u> was provided to the RI Division of Taxation at the time of closing - Attach copy	5a				
5b Rhode Island estimated tax paid by members on their personal return attributable to income on this structions).	n (see in-	5b			
5c Excess Rhode Island withholding tax paid by this entity for members (see instructions)	5c				
5d Rhode Island Historic Preservation Investment Tax Credit, Historic Tax Credits 2013, Motion Pict Tax Credit, Musical &Theatrical Production Tax Credits or Credits for Contributions to Scholarshi	5d				
5e Total. Add lines 5a, 5b, 5c and 5d. Enter here and on page 1, line 5	5e				
			h prepa		knowledge.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all i Authorized officer signature Print name					
belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all i	е			hone num	ber