

### State of Rhode Island and Providence Plantations

## 2014 Form RI-1096PT

Pass-through Withholding Return and Transmittal

	Name Federal				eral emplo	l employer identification number			
	Amended	Address							
	Sub S Corp	Address 2							
	LLC		N - 1 -	710	-11 - 11				
	Partnership	City, town or post office  Year end	State	ZIP code E-m	aail address				
	Trust		Fiscal Y	ear: MM/DD/2014	through	MM/DD/			
WITI	Cannot distribu	Su	come (see instructions)  Column A  b S Corps, Individuals, s, Partnerships & Trusts						
1	Rhode Island	source income of nonresident members net of modification	1a		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		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	a Credit for with number(s) of is ID#		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.	•			attached.			
80	Other paymer	nts	80						
9	Total payment	s and credits. Add lines 7, 8a, 8b and 8c			9				
10	to the RI-1099 Check if	6V.							
11	Excess withh be allocated to t								
NOT	equal the ar	hholding from all RI-1099PTs that have been issued must mount from line 6 or line 9 above, whichever is larger. SUED RI-1099PTs to the BACK of this Form RI-1096PT.		nber of 1099s issued:					
	Attach all IS	SUED RI-1099PTs to the BACK of this Form RI-1096PT.	Tota	l amount of 1099s issued	:				

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			Federa	l employ	er identifi	cation number
CHEDULE A - CALCULATION FOR AN ENTITY WITH A	T LEAST ONE C CORP MEMBER V	VITH L	ESS THAI	N \$1,0	00.00 O	F INCOME
	Colu C Corp					Column B Number of Members
Rhode Island source income of ALL nonresiden (attach schedule)						
2 Rhode Island source income of those nonreside than \$1,000 net of modifications (attach schedu						
3 Rhode Island source income of nonresident C of more net of modifications. <b>Subtract line 2 from</b>						
SCHEDULE B - CALCULATION FOR AN ENTITY WITH AT LEAST ONE NON-C CORP MEMBER WITH LESS T  Colur Sub S Corps, Inc. Partnerships						Column B Number of
	de Island source income of ALL nonresident members other than C Corporations net of ifications (attach schedule)				usts	Members
2 Rhode Island source income of those nonreside come of less than \$1,000 net of modifications (a	ent members other than C Corporations with in	1- 2				
	sland source income of nonresident members other than C Corporations with income of \$1,000 or tof modifications. <b>Subtract line 2 from line 1</b> . Enter here and on page 1, Column B, Line 1b					
VORKSHEET FOR PAGE 1, LINE 5						
5a Rhode Island nonresident real estate withholdir holding amount was provided to the RI Divisio	<b>r's with-</b> 3 form	5a				
5b Rhode Island estimated tax paid by members on their personal return attributable to income on this return (see instructions).						
5c Excess Rhode Island withholding tax paid by this entity for members (see instructions)						
5d Rhode Island Historic Preservation Investment Tax Credit, Historic Tax Credits 2013, Motion Picture Production Tax Credit, Musical &Theatrical Production Tax Credits or Credits for Contributions to Scholarship Organizations						
	and on page 1, line 5			5e		
5e Total. Add lines 5a, 5b, 5c and 5d. Enter here						
Inder penalties of perjury, I declare that I have exam						
Inder penalties of perjury, I declare that I have exami belief, it is true, accurate and complete. Declaration	of preparer (other than taxpayer) is based on a			h prepar		y knowledge.
Under penalties of perjury, I declare that I have examinate belief, it is true, accurate and complete. Declaration Authorized officer signature	of preparer (other than taxpayer) is based on a t name	all inform		h prepar Telep	er has an	y knowledge. ber