





18100499990101

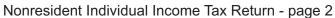
Your socia	al sec	urity number Spouse's social security number				
Your first	name	MI Last name Suff	X			
Spouse's	name	e MI Last name Suffi	Х			
Address						
City, town	or po	st office State ZIP code				
City or to	wn of	that applies Other		ew dress?	Amende Return?	
ELECTOR		If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This Yes box and	sh the 1st \$2.00 (\$4.00 if a jo fill in the name of the political rill be paid to a nonpartisan g	party. Oth	er-	rty, check the
FILING STATUS Check one		ngle   Married filing   pointly  Married filing   separately  pointly	Head of household	>	Qualifying widow(er)	
INCOME, TAX AND CREDITS	1	Federal AGI from Federal Form 1040, line 7		. 1		1
Rhode	2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications	tions, enter 0 on this line.	2		1 1 1
Island Standard Deduction	3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or s	ubtract net decreases)	. 3		1
Single \$8,525 Married	4	RI Standard Deduction from left. If line 3 is over \$199,000, see Standard	d Deduction Worksheet	. 4		
filing jointly or	5	Subtract line 4 from line 3. If zero or less, enter 0		. 5		1
Qualifying widow(er) \$17,050	6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,000 enter result on line 6. If line 3 is over \$199,000, see Exemption Worksh		6		
Married filing separately	7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, ent	er 0	. 7		
\$8,525 Head of household	8	RI income tax from Rhode Island Tax Table or Tax Computation Work	8			
\$12,800	9	RI percentage of allowable Federal credit from page 3, RI Sch I, line	25	. 9		
	10	Rhode Island tax after allowable Federal credit - before allocation. St		. 10		1 1 1
Using a paper	11	RI allocated All income is income tax. from RI, enter amount from line come from outside RI, complete Sch II and one box. 10 on this line.	Part-year resident with income from outside RI, complete Sch III and enter result on this line.	11		
clip, please	12	Other Rhode Island Credits from RI Schedule CR, line 8		. 12		
attach Forms W-2 and	13 a	Rhode Island income tax after credits. Subtract line 12 from line 11 (	not less than zero)	. 13a		
1099 here.	b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule	e CR, line 11	13b		
	14	RI checkoff contributions from page 3, RI Checkoff Schedule, line 33	Contributions reduce your refund or increase your balance due	14		
	15	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever	applies	. 15		
	16 a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a,	13b, 14 and 15	. 16a		1

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2 Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

Check ✓ to certify use tax amount on line 15 is accurate.

<sup>\*</sup> If filing an amended return, attach the Explanation of Changes supplemental page

### 2018 Form RI-1040NR



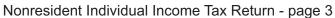


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Name(s) shown on Form RI-1040 or RI-1040NR						cial security numl	ber
16 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a							
	7 a RI 2018 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding						
b 2018 estimated tax payments and amount applied from 2017 return 17b							
c Nonresident withholding on real estate s	c Nonresident withholding on real estate sales in 2018 17c						
d RI earned income credit from page 3, RI	Schedule EIC, line 38	17d					
e Other payments		. 17e					
f TOTAL PAYMENTS AND CREDITS. Add	lines 17a, 17b, 17c, 17d and	17e			17f		
g Previously issued overpayments (if filing	an amended return)				17g		
h NET PAYMENTS. Subtract line 17g from	line 17f				17h		
18 a AMOUNT DUE. If line 16b is LARGER th	an line 17h, subtract line 17h	from line	16b		18a		
	b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 18a or subtracted from line 19, whichever applies						
c TOTAL AMOUNT DUE. Add lines 18a an	d 18b. Complete RI-1040V ar	nd send in	with your paym	ent 🙁	18c		
19 AMOUNT OVERPAID. If line 17h is LAR is an amount due for underestimating int					19		
20 Amount of overpayment to be refunded					20		
21 Amount of overpayment to be applied to	2019 estimated tax	21					
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge a belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge							knowledge.
Your signature	Your driver's license numb	ber and	state	Date		Telephone n	umber
Spouse's signature Spouse's driver's license number and state Date					Telephone n	umber	
Paid preparer signature Print name Date				Date		Telephone n	umber
Paid preparer address City, town or post office State ZIP code				ZIP code		PTIN	



#### 2018 Form RI-1040NR





18100499990103

N	ame(s) shown on Form RI-1040 or RI-1040NR	Your social security number
RI S	SCHEDULE I - ALLOWABLE FEDERAL CREDIT	
22	RI income tax from page 1, line 8	22
23	Credit for child and dependent care expenses from Federal Form 1040, Schedule 3, line 49	23
24	Tentative allowable federal credit. Multiply line 23 by 25% (0.2500)	24
25	MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9	25
श इ	SCHEDULE II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS	
	Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island. RI Schedule II is located on page 11.	
	Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island. RI Schedule III is located on page 13.	
	NONRESIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.	d
1 (	CHECKOFF CONTRIBUTIONS SCHEDULE \$1.00 \$5.00 \$10.00 Other	
26	brug program account RIGL §44-30-2.4	26
27	Olympic Contribution RIGL §44-30-2.1 Yes \$1.00 contribution (\$2.00 if a joint return)	27
28	RI Organ Transplant Fund RIGL §44-30-2.5	28
29	RI Council on the Arts RIGL §42-75.1-1	29
30	Nongame Wildlife Fund RIGL §44-30-2.2	30
31	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Subtance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11	31
32	RI Military Family Relief Fund RIGL §44-30-2.9	32
3	TOTAL CONTRIBUTIONS. Add lines 26 through 32. Enter here and on RI-1040NR, page 1, line 14	33
ı S	SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT	
34	Federal earned income credit from Federal Form 1040, line 17a	34
5	Rhode Island percentage	35 15%
86	RI EARNED INCOME CREDIT. Multiply line 34 by line 35	36
7	Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedul III, line 14. If all income is from RI, enter 1.0000	
88	TOTAL RI EARNED INCOME CREDIT. Multiply line 36 by line 37. Enter here and on RI-1040NR, pg 2,	38

# State of Rhode Island and Providence Plantations 2018 RI Schedule W

Column A

Rhode Island W-2 and 1099 Information

Column B

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Column D

Column E

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number

Column C

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.

Failure to do so may delay the processing of your return.

ATTACH THIS SCHEDULE W TO YOUR RETURN

	Column A	Column	Column C	Column D	Column E
	Enter "S"	Enter 1099	- Employer's Name from Boy C of your W	Employer's state ID # from	Rhode Island Income Tax
	if Spouse's	letter code	Employer's Name from Box C of your W-	box 15 of your W-2 or Paver's	Withheld (SEE BELOW
	W-2 or 1099	from chart	2 or Payer's Name from your Form 1099	Federal ID # from Form 1099	FOR BOX REFERENCES)
1					
2					
3					
4					
7					
5					
6					
_					
7					
8					
9					
40					
10					
11					
12					
12					
13					
14					
15					
10					
	Total RI Income T	av Withheld Ad	d lines 1 through 15, Col. E. Enter total here ar	nd on RI-1040 line 14a or	
16	RI-1040NR line 1	az willillela. Au 17a		10 011 10-10-10, IIIIC 1-10 01	
	TAT TOTOTALA, IIIIC	. , u			
17	Total number of W	/-2s and 1099s	showing Rhode Island Income Tax Withheld		
.,	. Star Harrison Of V	0 and 10000	Tribao isiana moomo tax mamoid		

Schedule W Reference Chart										
Form Type	Letter Code for Column B	Withholding Box		Form Type	Letter Code for Column B	Withholding Box		Form Type	Letter Code for Column B	Withholding Box
W-2	-	17		1099-DIV	D	15		1099-MISC	М	16
W-2G	-	15		1099-G	G	11		1099-OID	0	14
1042-S	S	17a		1099-INT	I	17		1099-R	R	12
1099-B	В	16		1099-K	К	8		RI-1099PT	Р	9

#### 2018 RI Schedule E

Name(s) shown on Form RI-1040 or RI-1040NR



Your social security number

Exemption Schedule for RI-1040 and RI-1040NR

TRIC	1599	9990I	$0 \perp$

	IPTIONS  Complete this Schedule listing CH THIS EXEMPTION SCHEDULE TO YOUR RETU				essing of your return.
1a	Yourself		,,,		
b	Spouse				
, D		D) Casial Casumitus Numahan	(O) D-1 (D:4)	41	5,510
	(A) Name of Dependent (I	B) Social Security Number	(C) Date of Birth	(1	D) Relationship
2a					
b					
С					
d					
е					
f					
g					
h					
i					
j					
k					
I					
m					
	Exemption	Number Summary			
3	Enter the number of boxes checked on lines 1a	and 1b		3	
4a	Enter the number of children from lines 2a through	gh 2m who lived with you		4a	
b	Enter the number of children from lines 2a throug divorce or separation	_	•	4b	
С	Enter the number of other dependents from lines 2			4c	
5	Add the numbers from lines 3 through 4c. Enter her	re and in the box on RI-104	0/NR, pg 1, line 6.	5	