



23100199990101

Your social security number		Spouse's social security number	
Your first name	MI	Last name	Suffix
Spouse's name	MI	Last name	Suffix
Address			
City, town or post office		State	ZIP code
City or town of legal residence	Check each box that applies. Otherwise, leave blank.	Primary deceased? <input type="checkbox"/>	Spouse deceased? <input type="checkbox"/>
		Yes <input type="checkbox"/>	New address? <input type="checkbox"/>
			Amended Return? * <input type="checkbox"/>
<b>ELECTORAL CONTRIBUTION</b>	If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) <input type="checkbox"/>	Yes <input type="checkbox"/>	If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account. <input type="checkbox"/>

**FILING STATUS** Check one

Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

INCOME, TAX AND CREDITS	Description	1	2	3	4	5	6	7	8	9a	9b	9c	9d	10a	10b	11	12a	12b	13a	
	1 Federal AGI from Federal Form 1040 or 1040-SR, line 11 .....																			
	2 Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.																			
	3 Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases).....																			
	4 RI Standard Deduction from left. If line 3 is over \$ 233,750 see Standard Deduction Worksheet .....																			
	5 Subtract line 4 from line 3. If zero or less, enter 0.....																			
	6 Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,700 and enter result on line 6. If line 3 is over \$233,750, see Exemption Worksheet <input type="checkbox"/> X \$4,700 =																			
	7 RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....																			
	8 RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....																			
	9a RI percentage of allowable Federal credit from page 3, RI Sch I, line 22.....																			
	b RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29.....																			
	c Other Rhode Island Credits from RI Schedule CR, line 9.....																			
	d Total RI credits. Add lines 9a, 9b and 9c.....																			
	10a Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero).....																			
	b Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 12.....																			
	11 RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due																			
	12a USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies .....																			
	b Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage. <input type="checkbox"/>																			
	13a TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b.....																			

Rhode Island Standard Deduction  
Single **\$10,000**  
Married filing jointly or Qualifying widow(er) **\$20,050**  
Married filing separately **\$10,025**  
Head of household **\$15,050**

Using a paper clip, please attach Forms W-2 and 1099 here.

Check ✓ to certify use tax amount on line 12a is accurate.

\* If filing an amended return, attach the Explanation of Changes supplemental page



23100199990102

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
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PAYMENTS AND PROPERTY TAX RELIEF CREDIT

13 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a.....	13b		
14 a RI 2023 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding. ....	14a		
b 2023 estimated tax payments and amount applied from 2022 return....	14b		
c Property tax relief credit from RI-1040H, line 13. Attach RI-1040H.....	14c		
d RI earned income credit from page 3, RI Schedule EIC, line 40.....	14d		
e RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238..	14e		
f Other payments.....	14f		
g TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f.....	14g		
h Previously issued overpayments (if filing an amended return).....	14h		
i NET PAYMENTS. Subtract line 14h from line 14g.....	14i		
15 a AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b.....	15a		
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 15a or subtracted from line 16, whichever applies.....	15b		
c TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment ☹️	15c		
16 AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16..... 😊	16		
17 Amount of overpayment to be refunded.....	17		
18 Amount of overpayment to be applied to 2024 estimated tax.....	18		

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	Your driver's license number and state	Date	Telephone number
Spouse's signature	Spouse's driver's license number and state	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP code PTIN

May the Division of Taxation contact your preparer? YES



23100199990103

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**RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT**

19 RI income tax from page 1, line 8 .....	19		
20 Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2.....	20		
21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....	21		
22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a.....	22		

**RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE**  
 (ATTACH COPY OF OTHER STATE(S) RETURN)

23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22 .....	23		
24 Income derived from other state. If more than one state, see instructions.....	24		
25 Modified federal AGI from page 1, line 3.....	25		
26 Divide line 24 by line 25 .....	26		
27 Tentative credit. Multiply line 23 by line 26.....	27		
28 Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid _____	28		
29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b	29		

**RI CHECKOFF CONTRIBUTIONS SCHEDULE**

		\$1.00	\$5.00	\$10.00	Other		
30	Drug program account <b>RIGL §44-30-2.4</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	
31	Olympic Contribution <b>RIGL §44-30-2.1</b> ..... Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)					31	
32	RI Organ Transplant Fund <b>RIGL §44-30-2.5</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	
33	RI Council on the Arts <b>RIGL §42-75.1-1</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	
34	Nongame Wildlife Fund <b>RIGL §44-30-2.2</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	
35	Childhood Disease Victim's Fund <b>RIGL §44-30-2.3</b> and Substance Use and Mental Health Leadership Council of RI <b>RIGL §44-30-2.11</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	
36	RI Military Family Relief Fund <b>RIGL §44-30-2.9</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	
37	TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11 .....					37	

**RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT**

38 Federal earned income credit from Federal Form 1040 or 1040-SR, line 27.....	38		
39 Rhode Island percentage .....	39	15%	
40 RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d .....	40		



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Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
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**Complete this Schedule listing all of your and, if applicable, your spouse's W-2s, 1099s, etc. showing Rhode Island Income Tax withheld. W-2s, 1099s, etc. 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 <u>Enter "S" if Spouse's W-2, 1099, etc.</u>	Column B <u>Enter letter code from chart below</u>	Column C <u>Employer's Name from Box C of your W-2 or Payer's Name from your other forms</u>	Column D <u>Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from other forms</u>	Column E <u>Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)</u>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a.....				
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld .....				

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-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	11
1099-B	B	16	1099-MISC	M	16	RI K-1	P	Sect. IV, line 2
1099-DIV	D	16	1099-NEC	N	5			

State of Rhode Island Division of Taxation  
**2023 RI Schedule E**  
 Exemption Schedule for RI-1040 and RI-1040NR



2310599990101

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

**EXEMPTIONS**

Complete this Schedule listing all individuals you can claim as a dependent.

**ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN**

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

1a	Yourself	<input type="checkbox"/>
b	Spouse	<input type="checkbox"/>

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
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 2m who lived with you .....	4a	
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation .....	4b	
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.	4c	
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6.	5	