

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.

| Authorized officer 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 |

## SCHEDULE I

BENEFICIARY INFORMATION
(All estates and trusts must complete this schedule)

State of
Residence Social Security Number


If more space is needed, please attach the required information on a separate sheet of paper
SCHEDULE II ALLOCATION AND MODIFICATION (To be completed by trusts and estatas with nonresident beneficiaries)

|  |  |  | Column A Column B |  | Column C | Column D |  | Column E |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Percent of beneficiaries' interest (must equal 100\%) | Column A times total federal income page 1, line 1 | Column A times total net modifications page 1, line 4 | Combine Columns B and C. (add net increases or subtract net decreases.) |  | Residents enter amount from col D. Nonresidents enter RI source income from col B. |
|  |  |  | Total Federal Income | Modifications to Federal Income | Modified Federal Inc | me | Total RI Source Income |
|  | 23 | Beneficiary ... |  |  |  |  |  |  |  |
|  | 24 Beneficiary ... |  |  |  |  |  |  |  |
|  |  | Beneficiary ... |  |  |  |  |  |  |
|  |  | Beneficiary ... |  |  |  |  |  |  |
|  | 27 Beneficiary.... |  |  |  |  |  |  |  |
|  |  | Beneficiary ... |  |  |  |  |  |  |
|  |  | Beneficiary ... |  |  |  |  |  |  |
|  |  | Beneficiary..... |  |  |  |  |  |  |
| 31 | Total |  | 100\% |  |  |  |  |  |
|  | Modifications to Rhode Island source income. Enter amount from column C that is included in column E ............. |  |  |  |  |  | 32 |  |
| 33 | Modified Rhode Island source income. Combine lines 31, col E and 32 (add net increases - subtract net decreases) |  |  |  |  |  | 33 |  |
| 34 | RI allocation. Divide line 33 by line 31, col D (not greater than 1.000). Enter here and on RI-1041, page 1, line $9 .$. |  |  |  |  |  | 34 |  |

## SCHEDULE III CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE <br> (resident estates or trusts only)

35 Rhode Island income tax from page 1, line 835
36 Income from other state. If more than one state, see instructions ..... 36
37 Modified federal total income from page 1, line 5 ..... 37
38 Divide line 36 by line 37 ..... 38
39 Multiply line 35 by line 38 ..... 39
40 Tax due and paid to other state

$\qquad$
Insert abbreviation for name of state paid ..... 40
41 Maximum tax credit (line 35, 39 or 40, whichever is the SMALLEST). Enter here and on RI-1041, page 1, line 11. ..... 41

