

2020 Form RI-1040C-ES

Composite Income Tax Estimated Payment

PART 1 ESTIMATED RHODE ISLAND COMPOSITE INCOME TAX WORKSHEET

1	Federal Taxable Income expected in 2020	1	
2	Net modifications to Federal Taxable Income	2	
3	Modified Federal Taxable Income. Combine lines 1 and 2. Add net increases or subtract net decreases	3	
4	Rhode Island Apportionment Ratio	4	_____
5	Rhode Island Source Income. Multiply line 4 times line 3	5	
6	RI Income Tax Using the Composite Income Tax Rate of 5.99%. Multiply line 5 by 5.99% (0.0599)	6	
7	Enter your 2019 RI income tax	7	
8	Rhode Island Tax. Enter the SMALLER of line 6 or line 7	8	
9	Rhode Island pass-through withholding	9	
10	Estimated Rhode Island income tax. Subtract line 9 from line 8	10	
11	Computation of installment. Check the box when the estimated payment is to be filed and enter the amount indicated <input type="checkbox"/> April 15, 2020 Enter 1/4 of line 10. <input type="checkbox"/> June 15, 2020 Enter 1/3 of line 10. <input type="checkbox"/> September 15, 2020 Enter 1/2 of line 10. <input type="checkbox"/> January 15, 2021 Enter amount from line 10.	11	
12	Enter amount of 2019 RI overpayment elected for credit to 2020 estimated tax. However, if you desire to spread the credit, divide it by the number of installments and enter here	12	
13	Amount to be paid with this estimate. Subtract line 12 from line 11. Enter here and on RI-1040C-ES, line 1	13	

PART 2 ESTIMATED PAYMENT RECORD

Payment Number	Check Number	Column A Date	Column B Amount	Column C 2019 Overpayment credit applied	Column D Total amount paid and credited Add Column B and Column C
1.					
2.					
3.					
4.					
Total					

DETACH VOUCHER AT PERFORATION TO MAIL IN WITH YOUR PAYMENT

RHODE ISLAND COMPOSITE ESTIMATED PAYMENT
RI DIVISION OF TAXATION - ONE CAPITOL HILL
PROVIDENCE, RI 02908-5807



1610269990101

2020 RI-1040C-ES

- APRIL 15, 2020 (1st Quarter)
 SEPTEMBER 15, 2020 (3rd Quarter)
 JUNE 15, 2020 (2nd Quarter)
 JANUARY 15, 2021 (4th Quarter)

Fiscal year filers, enter fiscal year dates MM/DD/2020 through MM/DD/2021		
Name		
Address		
City	State	ZIP Code
Federal employer identification number		

1. ENTER AMOUNT ENCLOSED

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