



17100199990101

|                                 |  |   |   |
|---------------------------------|--|---|---|
| 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"/>     |
| <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"/> | 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 | 12 | 13a |  |
|-------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|-----|-----|----|----|-----|--|
|                         | 1 Federal AGI from Federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4.....  |   |   |   |   |   |   |   |   |    |    |    |    |     |     |    |    |     |  |
|                         | 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 \$195,150, see Standard Deduction Worksheet  |   |   |   |   |   |   |   |   |    |    |    |    |     |     |    |    |     |  |
|                         | 5 Subtract line 4 from line 3 .....   |   |   |   |   |   |   |   |   |    |    |    |    |     |     |    |    |     |  |
|                         | 6 Exemptions. Enter # of federal exemptions in box, multiply by \$3,900 and enter result on line 6. If line 3 is over \$195,150, see Exemption Worksheet <input type="checkbox"/> X \$3,900 = |   |   |   |   |   |   |   |   |    |    |    |    |     |     |    |    |     |  |
|                         | 7 RI TAXABLE INCOME. Subtract line 6 from line 5.....   |   |   |   |   |   |   |   |   |    |    |    |    |     |     |    |    |     |  |
|                         | 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 8.....   |   |   |   |   |   |   |   |   |    |    |    |    |     |     |    |    |     |  |
|                         | 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 11.....  |   |   |   |   |   |   |   |   |    |    |    |    |     |     |    |    |     |  |
|                         | 11 RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due  |   |   |   |   |   |   |   |   |    |    |    |    |     |     |    |    |     |  |
|                         | 12 USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies .....  |   |   |   |   |   |   |   |   |    |    |    |    |     |     |    |    |     |  |
|                         | 13a TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11 and 12.....   |   |   |   |   |   |   |   |   |    |    |    |    |     |     |    |    |     |  |

Rhode Island Standard Deduction  
 Single **\$8,375**  
 Married filing jointly or Qualifying widow(er) **\$16,750**  
 Married filing separately **\$8,375**  
 Head of household **\$12,550**

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

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



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

PAYMENTS AND PROPERTY TAX RELIEF CREDIT

|   |     |  |  |
|---|-----|--|--|
| 13 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a.....   | 13b |  |  |
| 14 a RI 2017 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 2017 estimated tax payments and amount applied from 2016 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 2018 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



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

**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, line 49 or Form 1040A, line 31..... | 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**

|   |    |  |  |
|---|----|--|--|
| 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> .....  | <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, line 66a; 1040A, line 42a, or 1040EZ, line 8a..... | 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 |     |  |

**2017 RI Schedule W**

Rhode Island W-2 and 1099 Information



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

**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**

|                                   |                                   |  |  |   |
|-----------------------------------|-----------------------------------|--|--|---|
| <b>Column A</b>                   | <b>Column B</b>                   | <b>Column C</b>  | <b>Column D</b>  | <b>Column E</b>   |
| Enter "S" if Spouse's W-2 or 1099 | Enter 1099 letter code from chart | Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099 | Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099 | Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES) |

|    |   |  |  |  |  |
|----|---|--|--|--|--|
| 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-DIV  | D                        | 14              | 1099-MISC | M                        | 16              |
| W-2G                       | -                        | 15              | 1099-G    | G                        | 11              | 1099-OID  | O                        | 14              |
| 1042-S                     | S                        | 17a             | 1099-INT  | I                        | 17              | 1099-R    | R                        | 12              |
| 1099-B                     | B                        | 16              | 1099-K    | K                        | 8               | RI-1099PT | P                        | 9               |