

2014 Form RI-1040NR

Nonresident Individual Income Tax Return

Name	Your social security number

RI 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, line 49 or Form 1040A, line 31.....	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 RI-1040NR, page 1, line 9	25		

RI 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 7.

Schedule III should be completed by **PART-YEAR RESIDENTS** with income from outside Rhode Island. RI Schedule III is located on page 9.

NONRESIDENTS and **PART-YEAR RESIDENTS** with all income from Rhode Island sources do not need to complete either schedule II or III.

RI CHECKOFF CONTRIBUTIONS SCHEDULE

Note: Contributions reduce your refund or increase your balance due. \$1.00 \$5.00 \$10.00 Other

26	Drug program account RIGL §44-30-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26				
27	Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if filing a joint return)							27		
28	RI Organ Transplant Fund RIGL §44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28				
29	RI Council on the Arts RIGL §42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29				
30	RI Nongame Wildlife Fund RIGL §44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30				
31	Childhood Disease Victim's Fund RIGL §44-30-2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31				
32	RI Military Family Relief Fund RIGL §44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32				
33	TOTAL CONTRIBUTIONS. Add lines 26, 27, 28, 29, 30, 31 and 32. Enter here and on RI-1040NR, pg 1, line 14.						33			

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

34 Rhode Island income tax from RI-1040NR, page 1, line 13a.....	34		
35 Federal earned income credit from Federal Form 1040, line 66a; 1040A, line 42a, or 1040EZ, line 8a	35		
36 Rhode Island percentage.....	36	25%	
37 Multiply line 35 by line 36.....	37		
38 Enter the SMALLER of line 34 or line 37.....	38		
39 Subtract line 38 from line 37. If zero or less, enter the amount from line 38 on line 42. Otherwise, continue to line 40.....	39		
40 a Refundable percentage.....	40a	15%	
b Multiply line 39 by line 40a.....	40b		
c Rhode Island allocation from RI-1040NR, page 7, Schedule II, line 13 or RI-1040NR, page 9, Schedule III, line 14. If all income is from RI, enter 1.0000	40c		
41 RI refundable earned income credit. Multiply line 40b by line 40c.....	41		
42 TOTAL RI EARNED INCOME CREDIT. Add lines 38 and 41. Enter here and on RI-1040NR, page 1, line 17d.....	42		

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	Spouse's signature	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

Revised 09/2014