



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 <b>MAXIMUM CREDIT.</b> Line 22 or 24, whichever is <b>SMALLER.</b> 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 <b>RIGL §44-30-2.4</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26		
27	Olympic Contribution <b>RIGL §44-30-2.1</b> ..... Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if filing a joint return) ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27		
28	RI Organ Transplant Fund <b>RIGL §44-30-2.5</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28		
29	RI Council on the Arts <b>RIGL §42-75.1-1</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29		
30	RI Nongame Wildlife Fund <b>RIGL §44-30-2.2</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30		
31	Childhood Disease Victim's Fund <b>RIGL §44-30-2.3</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31		
32	RI Military Family Relief Fund <b>RIGL §44-30-2.9</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32		
33	<b>TOTAL CONTRIBUTIONS.</b> Add lines 26, 27, 28, 29, 30, 31 and 32. Enter here and on RI-1040NR, pg 1, line 14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33		

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

34 Federal earned income credit from Federal Form 1040, line 66a; 1040A, line 42a, or 1040EZ, line 8a .....	34		
35 Rhode Island percentage.....	35	10%	
36 RI EARNED INCOME CREDIT. Multiply line 34 by line 35 .....	36		
37 Rhode Island allocation from RI-1040NR, page 7, Schedule II, line 13 or RI-1040NR, page 9, Schedule III, line 14. <b>If all income is from RI, enter 1.0000</b> .....	37		
38 <b>TOTAL RI EARNED INCOME CREDIT.</b> Multiply line 36 by line 37. Enter here and on RI-1040NR, pg 1, line 17d...	38		

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 09/2015