

State of Rhode Island Division of Taxation 2022 Form RI-1096PT



22102999990101

Pass-through Withholding Return and Transmittal

	Name		Fe	ederal employe	er identification number
Amended					
	Address				
Sub S Corp	Address 2				
LLC					
	City, town or post office	State	ZIP code E-	mail address	
Partnership					
	Year end				
Trust	Calendar Year: January 1, 2022 through December 31, 2022	Fiscal Y	<i>r</i> ear: MM/DD/202	22 through	MM/DD/
		nbers v	vith less than \$1,000 in Column A		Column B
WITHHOLDING CAL	COLATION		C Corporations only	LLCs,	S Corps, Individuals, Partnerships & Trusts
1 Rhode Island so	ource income of nonresident members net of modification	1a	1	1b	
		_			
2 Rhode Island n	onresident pass-through withholding rate	2a	7.0%	2b	5.99%
3 Rhode Island p	ass-through withholding. Multiply line 1 by line 2	30		3b	
		36		55	
4 TOTAL Rhode I	sland pass-through withholding. Add lines 3a and 3b			4	
5 Rhode Island nonresident real estate withholding (see worksheet on page 2 for other payments)				5	
6 Tentative Rhode	e Island withholding for members. Subtract line 5 from line 4 (not l	ess tha	n zero)		
		035 110	12010)		
7 Rhode Island e	stimated tax paid on Form RI-1096PT-ES	7			
	olding paid on behalf of reporting entity. Enter the identification	0.0			
ID #	uing entity or entities below. (see instructions)	8a			
8b Rhode Island n	onresident withholding on real estate sales in 2022 ONLY if en	tity			
name, not memb	pers' names, was provided to Division of Taxation at time of closing	8b)		
		0			
oc Other payments	3	80			
9 Total payments	and credits. Add lines 7, 8a, 8b and 8c			9	
10 Balance due.	If line 6 is greater than line 9, subtract line 9 from line 6. The amo	unt fror	n line 6 should be alloca	ated	
to the RI-1099F	Ts being issued. Remit payment for balance due, plus any 221	0PT int	erest, using Form RI-10	96V. 10	
Attach the RI-2	210PT to the return.			10	
	ccess withholding paid. If line 9 is greater than line 6, subtract line 6 from line 9. The amount on line 9 should allocated to the RI-1099PTs being issued to the entity's members. Excess amounts cannot be refunded or carried forward.				
NOTE: The total with	nolding from all RI-1099PTs that have been issued must	Nue	nber of 1099s issued:		
	ount from line 6 or line 9 above, whichever is larger.	null	1001 01 10995 1550EU.		
•	UED RI-1099PTs to the BACK of this Form RI-1096PT.	Tota	I amount of 1099s issue	ed:	



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Name

Federal employer identification number

<u>SCHEDULE A -</u> CALCULATION FOR AN ENTITY WITH AT LEAST ONE C CORP MEMBER WITH LESS THAN \$1,000.00 OF INCOME

			Column A C Corporations	Column B Number of Members
1	Rhode Island source income of ALL nonresident C Corporation members net of modifications (attach schedule)	1		
2	Rhode Island source income of those nonresident C Corporation members with income of less than \$1,000 net of modifications (attach schedule)	2		
3	Rhode Island source income of nonresident C Corporation members with income of \$1,000 or more net of modifications. Subtract line 2 from line 1 . Enter here and on pg 1, Col A, Line 1a	3		

<u>SCHEDULE B -</u> CALCULATION FOR AN ENTITY WITH AT LEAST ONE NON-C CORP MEMBER WITH LESS THAN \$1,000.00 OF INCOME

		Column A Sub S Corps, Individuals, LLCs, Partnerships and Trusts		Column B Number of Members	
1	Rhode Island source income of ALL nonresident members other than C Corporations net of modifications (attach schedule)	1			
2	Rhode Island source income of those nonresident members other than C Corporations with in- come of less than \$1,000 net of modifications (attach schedule)	2			
3	Rhode Island source income of nonresident members other than C Corporations with income of \$1,000 or more net of modifications. Subtract line 2 from line 1 . Enter here and on page 1, Column B, Line 1b	3			

WORKSHEET FOR PAGE 1, LINE 5

5a Rhode Island nonresident real estate withholding - ONLY include if a breakdown of <u>each shareholder's with-</u> <u>holding amount</u> was provided to the RI Division of Taxation at the time of closing - Attach copy of 71.3 form	5a	
5b Rhode Island estimated tax paid by members on their personal return attributable to income on this return (see in-structions).	5b	
5c Excess Rhode Island withholding tax paid by this entity for members (see instructions)	5c	
5d Rhode Island credit purchased by a member for use in 2022. Refer to Schedule CR for elgible credits	5d	
5e Total. Add lines 5a, 5b, 5c and 5d. Enter here and on page 1, line 5	5e	

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