

# State of Rhode Island and Providence Plantations 2018 Form RI-1040NR



Nonresident Individual Income Tax Return

Your socia	al sec	urity number		Spo	use's socia	al security nu	umber				917 V	n sa kasa		6 X2
746-7	3-28	827								is en	12.12.5	uryaism	aercrorseve	912
Your first	name		MI L	ast na	me			Suffix	EX.	Ferere	srdað	un an		765 I I
ARSHA	D AI	LI	I	MOHA	MMAD								2497-1630 (SOM	30.2 III
Spouse's	name	9	MIL	₋ast na	me			Suffix	ЦÂ,	50 S S	б.÷	18. JA 18.		
Address														
	WREI	NTHAM RD API	- 2											
City, town					State	ZIP code								
CUMBE	•				RI	02864								
		legal residence		Cheek	each box									
CUMBE		•			plies. Other-	Primary deceased?	<b>,</b>	Spo	use eased?		New addres		Amende Return?	
		If you want \$5.00 (\$	10.00 if a		eave blank.	ueceaseu:				00 (\$4 00 if c			id to a specific par	
CONTRIBU		to this fund chock h	ere. (See	e instru	ctions. This	Ye	es box	and fill in	h the nam	a nonpartisa	ical party	y. Other-		ty, checr
FILING STATUS Check one		ngle ⊏> X		nrried fi ntly	<sup>ling</sup> ⊏>	Mar sep	rried filing arately	'⇔		Head of household	⇒	C V	Qualifying vidow(er) ⊏>	
NCOME, AX AND	1	Federal AGI from	Federal	Form	1040, line 7	7					1		51904	00
REDITS	2	Net modifications	to Fede	ral AG	from RI S	ch M, line 3.	If no mo	dificatio	ns, entei	0 on this li	ne. 2		0	00
Island Standard	3	Modified Federal A	AGI. Coi	mbine	lines 1 and	l 2 (add net i	ncreases	or subt	ract net	decreases)	3		51904	00
Deduction Single \$8,525	4	RI Standard Deduc	ction fror	n left. I	f line 3 is o	ver \$199,000	), see Sta	ndard D	eduction	Worksheet	4		8525	00
Married iling jointly or	5	Subtract line 4 from	m line 3	. If zei	o or less, e	enter 0					5		43379	00
Qualifying widow(er) <b>\$17,050</b>	6	Enter # of exemption enter result on line								X \$4,000	= 6	;	4000	00
Married filing	7	RI TAXABLE INCO	DME. Si	ubtract	line 6 from	n line 5. If zei	ro or less	, enter (	D		7		39379	00
separately \$8,525 Head of	8	RI income tax fron	n Rhode	e Island	l Tax Table	or Tax Com	putation	Worksh	eet		8		1477	00
12,800	9	RI percentage of a	allowable	e Fede	ral credit fr	rom page 3,	RI Sch I,	line 25.			9			00
	10	Rhode Island tax a									8 10	)	1477	00
Using a	11	Check only		, enter t from lii	ne X c	Nonresident wi come from outs complete Sch I	side RI, II and	ir c	ncome fro omplete \$	resident with m outside RI Sch III and	11	1	184	00
paper clip, please	12	one box. Other Rhode Islan	10 on th Id Credi			enter result on ule CR, line 8				It on this line.		2		00
attach Forms	13 a	Rhode Island inco	me tax a	after ci	edits. Sub	otract line 12	from line	11 (not	less tha	n zero)	13	a	184	00
W-2 and 1099 here.	b	Recapture of Prior	· Year O	ther R	node Island	d Credits fror	m RI Sch	edule C	R, line 1	1	13	b	0	00
	14	RI checkoff contrib	outions f	from pa	age 3, RI C	heckoff Scho	edule, lin	e 33. <sub>)</sub>	our refur	tions reduce d or increase alance due	e 14	4	0	00
	15	USE/SALES tax d	ue from	RI Scl	nedule U, li	ine 4 or line	8, whiche	ever app			15	5		00
	16 a	TOTAL RI TAX AN	ID CHE	CKOFF		BUTIONS. A	dd lines ´	13a, 13b	o, 14 and	1 15	16	а	184	00

Check  $\checkmark$  to certify use tax amount on line 15 is accurate.

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RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2 Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

1555



# State of Rhode Island and Providence Plantations 2018 Form RI-1040NR



Nonresident Individual Income Tax Return - page 2

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
ARSHAD ALI MOHAMMAD	746-73-2827

16 b	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a				16b	184	00
17 a	RI 2018 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding	17a	251	00			
b	2018 estimated tax payments and amount applied from 2017 return	17b		00			
С	Nonresident withholding on real estate sales in 2018	17c		00			
d	RI earned income credit from page 3, RI Schedule EIC, line 38	17d		00			
е	Other payments	17e		00			
f	TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d and	17e			17f	251	00
g	Previously issued overpayments (if filing an amended return)				17g		00
h	NET PAYMENTS. Subtract line 17g from line 17f				17h	251	00
18 a	AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h	from I	ine 16b		18a		00
b	Enter the amount of underestimating interest due from Form RI-2210 c This amount should be added to line 18a or subtracted from line 19, w		( /		18b	0	00
с	TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and	id sen	d in with your payment	$\overline{\mbox{\scriptsize (s)}}$	18c	0	00
19	AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line is an amount due for underestimating interest on line 18b, subtract line			$\odot$	19	67	00
20	Amount of overpayment to be refunded				20	67	00
21	Amount of overpayment to be applied to 2019 estimated tax	21		00			

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 939836548 (903) 336-8499 AR Spouse's signature Spouse's driver's license number and state Date Telephone number Paid preparer signature Date Telephone number Print name Paid preparer address PTIN City, town or post office State ZIP code 2530 PEBBLE CREEK LN CUMMING GΑ 30041 P02090332

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# State of Rhode Island and Providence Plantations 2018 Form RI-1040NR



Nonresident Individual Income Tax Return - page 3

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

#### **RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT**

22	RI income tax from page 1, line 8	22	00
23	Credit for child and dependent care expenses from Federal Form 1040, Schedule 3, line 49	23	00
24	Tentative allowable federal credit. Multiply line 23 by 25% (0.2500)	24	00
25	MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9	25	00
RI S	CHEDULE 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 11.		
	Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island. RI Schedule III is located on page 13.		
	NONRESIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.		
RI C	HECKOFF CONTRIBUTIONS SCHEDULE		
26	\$1.00 \$5.00 \$10.00 Other	26	00
27	Olympic Contribution RIGL §44-30-2.1 Yes \$1.00 contribution (\$2.00 if a joint return)	27	00
28	RI Organ Transplant Fund <b>RIGL §44-30-2.5</b>	28	00
29	RI Council on the Arts RIGL §42-75.1-1	29	00
30	Nongame Wildlife Fund RIGL §44-30-2.2	30	00
31	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Subtance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11	31	00
32	RI Military Family Relief Fund <b>RIGL §44-30-2.9</b>	32	00
33	TOTAL CONTRIBUTIONS. Add lines 26 through 32. Enter here and on RI-1040NR, page 1, line 14	33	00
RI S	CHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT		
34	Federal earned income credit from Federal Form 1040, line 17a	34	00
35	Rhode Island percentage	35	15%
36	RI EARNED INCOME CREDIT. Multiply line 34 by line 35	36	00
37	Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule III, line 14. If all income is from RI, enter 1.0000	37	
38	TOTAL RI EARNED INCOME CREDIT. Multiply line 36 by line 37. Enter here and on RI-1040NR, pg 2, line 17d.	38	00





Your social security number

746-73-2827

### THIS SCHEDULE IS ONLY TO BE COMPLETED BY FULL YEAR NONRESIDENTS. PART-YEAR RESIDENTS COMPLETE RI SCHEDULE III.

### PART 1: ALLOCATION AND TAX WORKSHEET

			Column A Rhode Island		Column B Federal	
1	Wages, salaries, tips, etc from Federal Form 1040, line 1	1	6464	00	54404	00
2	Interest and dividends from Federal Form 1040, lines 2b and 3b	2		00		00
3	Business income from Federal Form 1040, Schedule 1, line 12	3		00		00
4	Sale or exchange of property from Federal Form 1040, Schedule 1, lines 13 or 14	4		00		00
5	Pension and annuities; rents, royalties, etc. from Federal Form 1040, line 4b and Federal Form 1040, Schedule 1, line 17	5		00		00
6	Farm income from Federal Form 1040, Schedule 1, line 18	6		00		00
7	Miscellaneous income from Federal Form 1040, line 5b and Federal Form 1040, Schedule 1, lines 10, 11, 19, and 21	7		00		00
8	TOTAL. Add lines 1 through 7	8	6464	00	54404	00
9	Adjustments to AGI from Federal Form 1040, Schedule 1, line 36	9	0	00	2500	00
10	Adjusted gross income. Subtract line 9 from line 8	10	6464	00	51904	00
11	Net modifications to Federal AGI from RI-1040NR, RI Schedule M, line 3	11		00		00
12	Modified Federal AGI. Combine lines 10 and 11. The amount in column B must equal the amount on RI-1040NR, page 1, line 3	12	6464	00	51904	00
13	Allocation. Divide line 12, col. A by line 12, col. B. If line 12, col. A is greater than line 12, col.	ol. B, er	nter 1.0000	13	0.1	245
14	RI tax after allowable federal credits before allocation from RI-1040NR, page 1, line 10			14	1477	00
15	RI INCOME TAX. Multiply line 14 by line 13. Enter here and on RI-1040NR, page 1, line11.	Check	the <b>N</b> onresident box	15	184	00





Full Year Nonresident Tax Calculation

Name(s) shown on Form RI-1040NR ARSHAD ALI MOHAMMAD

Your social security number

746-73-2827

#### PART 2: ALLOCATION OF WAGE AND SALARY INCOME TO RHODE ISLAND NOTE: USE THIS SCHEDULE ONLY IF YOU WORKED FOR THE SAME EMPLOYER IN MORE THAN ONE STATE, AND YOUR WAGES OR SALARY INCOME HAS NOT BEEN ALLOCATED ON YOUR W-2

1	Wages, salaries, tips, etc	1	00		
2	Total days in the year			2	365 days
3	Sick leave days	3	days		
4	Vacation days				
5	Other nonworking days (Saturdays, Sundays, holidays, etc.)				
6	Total nonworking days. Add lines 3, 4 and 5	6	days		
7	Total days worked in the year. Subtract line 6 from line 2			7	days
8	Total days worked outside Rhode Island			8	days
9	Days worked in Rhode Island. Subtract line 8 from line 7	9	days		
10	Allocation. Divide line 9 by line 7	10			
11	RI AMOUNT. Multiply line 1 by line 10. Enter here and include on RI-1040NR, Sche	11	00		

### PART 3: BUSINESS ALLOCATION PERCENTAGE

			Column A RI amounts	Column B Total amounts	Column C (Column A / Column B)
1	Real property owned	1	00	00	
2	Real property rented from others (8 x annual net rental rate).	2	00	00	
3	Tangible personal property owned	3	00	00	
4	Total property. Add lines 1, 2 and 3, then divide column A by column B. Enter result in column C	4	00	00	
5	Wages, salaries and other personal service compensation paid during the year. Divide column A by column B and	5			
	enter result in column C		00	00	
6	Gross sales of merchandise or charges for services during the year. Divide column A by column B and enter result in column C	6	00	0 0	
7	Total of percentages in column C. Add lines 4, 5 and 6			7	
8	BUSINESS ALLOCATION PERCENTAGE. Divide line 7 by th and 6. Enter here and in column B below			-	

# Enter the number and amount of each item of business income (or loss) reported on RI-1040NR, Schedule II, column B required to be allocated and multiply percentage to determine Rhode Island amount. Enter amounts from column C on corresponding lines on RI-1040NR, Schedule II, column A.

			Column A Income to be allocated	Column B From line 8 above	Column C (Column A x Column B)
9	Line number from RI-1040NR, Sch II, col B, line	9	00		00
10	Line number from RI-1040NR, Sch II, col B, line	10	00		00
11	Line number from RI-1040NR, Sch II, col B, line	11	00		00
12	Line number from RI-1040NR, Sch II, col B, line	12	00		00
13	Line number from RI-1040NR, Sch II, col B, line	13	00		00

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Your social security number

Name(s) shown on Form RI-1040 or RI-1040NR ARSHAD ALI MOHAMMAD

746-73-2827

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. <u>W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.</u> Failure to do so may delay the processing of your return. ATTACH THIS SCHEDULE W TO YOUR RETURN

	Column A	Column B	Column C	Column D	Column	E
	<u>Enter "S"</u> if Spouse's W-2 or 1099	<u>Enter 1099</u> 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	Withheld (SEE BEL	LOW
1			JNIT TECHNOLOGIES INC	273331256	251	00
2						00
3						00
4						00
5						00
6						00
7						00
8						00
9						00
10						00
11						00
12						00
13						00
14						00
15						00
16			ld lines 1 through 15, Col. E. Enter total here ar		251	00
17	Total number of V	/-2s and 1099s s	showing Rhode Island Income Tax Withheld		1	

	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	15		1099-MISC	М	16		
W-2G	-	15		1099-G	G	11		1099-OID	0	14		
1042-S	S	17a		1099-INT	I	17		1099-R	R	12		
1099-B	В	16		1099-K	К	8		RI-1099PT	Р	9		





Exemption Schedule for RI-1040 and RI-1040NR

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
ARSHAD ALI MOHAMMAD	746-73-2827

#### EXEMPTIONS

### Complete this Schedule listing all individuals you can claim as a dependent. ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN Failure to do so may delay the processing of your return. × Yourself 1a b Spouse (A) Name of Dependent (B) Social Security Number (C) Date of Birth (D) Relationship 2a b С d е f g h i j k I m **Exemption Number Summary** Enter the number of boxes checked on lines 1a and 1b ..... 3 3 1 4a Enter the number of children from lines 2a through 2m who lived with you ...... 4a 0 b Enter the number of children from lines 2a through 2m who did not live with you due to 4b 0 divorce or separation ..... c Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b. 4c 0 5 Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6. 5 1