

New/ Updated Field	Field ID	Form	Line Ref	Field Name	Byte Count	Edit and Instructions
				byte count	4 N	2754
				start of record	4 A	****
				Header Section		
	0000			Form ID	6	Value = "STbbbb"
	0001			Form Number	6	Value = "0001bb"
	0002			Page number	5	Value = "PG01b"
	0003			TIN	9	Primary SSN
	0004			filler	1	
	0005			Form/Schedule number	7	value = "0000001"
	0010			State Code	2 A	Value = "RI"
	0011			City Code	2	No Entry
	0015			Imperfect Return Indicator	1 A	Value = "E" or blank
	0016			ITIN/SSN mismatch indicator	1 A	Value - "M" or blank
	0019			State-Only-Indicator	2 A	Value = "SO"
	0020			Dec Ctrl Num	14 N	Assigned by filer: Must be the same as reported on the IRS return.
	a			first two positions	2	value = "00"
	b			EFIN	6	
	c			batch number	3	000-999
	d			serial number	2	00-99
	e			year digit	1	value = "2"
	0023			Return Sequence Number	16 N	required
	a			ETIN	5	
	b			Trans use Field	2	
	c			Julian Date of tr	3	
	d			Trans Seq Field	2	01-99
	e			Seq Number of Ret	4	0001-9999
	0024			Direct Deposit Indicator	1 AN	1=Direct Deposit, 2=Direct Debit
	0025			Reserved RTN Flag	1 N	
	0027			Direct Debit Date	8 N	YYYYMMDD
	0028			Direct Debit Amt	12 N	
	0030			Routing Transit No	9 N	
	0032			State RTN Indicator	1 N	
	0035			State Deposit Acct	17 N	
	0040			State Checking Acct	1 AN	Value = "X" or blank
	0048			State Savings Acct	1 AN	Value = "X" or blank
	0049			On-Line indicator	1 A	Value "O" = On-Line
	0050			State Numeric Area	27 AN	
	a			Preparer SSN or PTIN	9	IRS seq 1360
	b			Preparer EIN	9	IRS seq 1380
	c			Preparer ZIP	5	IRS seq 1410-5
	d			Preparer ZIP + 4	4	IRS seq 1410-4
	0052			State Alphanumeric Area	93 AN	
	a			State Acknowledgement System ID	5	ETIN
	b			Preparer Firm Name	35	
	c			Preparer Address	30	
	d			Preparer City	20	
	e			Preparer State	2	

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	f			Preparer Self-Empl Indicator	1		Value - "X" or blank
	0055			Spouse SSN	9	N	Required if married filing jointly. Must be blank for all other filing status entries
	0060			Name Line 1	35	AN	
	a			Primary last name	32		
	b			Primary suffix	3		
	0062			Date of Death - Primary	8	N	YYYYMMDD
	0065			Name Line 2	35	AN	Used for secondary last name (32) ; Secondary suffix (3)
	a			Secondary last name	32		
	b			Secondary suffix	3		
	0068			Date of Death - Spouse	8	N	YYYYMMDD
	0070			Name Line 3	35	AN	
	a			Primary first name	16		
	b			Primary middle initial	1		
	c			Secondary first name	16		
	d			Secondary middle initial	1		
	e			IAT indicator	1		value = "X" if IAT
	0074			In C/O Address	35	AN	
	0075			Address Line 1	35	AN	Required: ADDRESS STANDARD Post office standards required. Same as federal return
	0077			Foreign Street Address	35	AN	
	0080			Address Line 2	35	AN	
	0085			City	22	A	Required, use post office standards. Same as on the federal return
	0087			Foreign City State or Province	35	AN	
	0090			City Code	5		No Entry
	0095			State Abbreviation	2	A	Use Postal Abbreviations
	0098			Foreign Country	22	A	
	0100			Zip Code	12	N	1st 5 digits must be a valid zip code for the state. Last 4 positions must be zero if not used
	0105			County	20	A	No Entry
	0110			County Code	5		No Entry
	0115			Telephone Number	12	AN	###-###-####
	0120			Primary TP Signature	5	N	PIN use only
	0125			Spouse Signature	5	N	PIN use only
	0126			ERO EFIN/PIN	11	N	
	0150			Federal Filing Status	1	N	Required from Federal
	0155			Total Federal Exeptions	2	N	Required from Federal
	0160			Wages, Salaries & Tips	12	N	No Entry
	0165			Taxable Interest	12	N	No Entry
	0170			Tax Exempt Interest	12	N	No Entry
	0175			Dividends	12	N	No Entry
	0180			State Refund	12	N	No Entry
	0185			Taxable Social Security Benefits	12	N	No Entry
	0190			Keough Plan & SEP Benefit	12	N	No Entry
	0195			Adjusted gross Income	12	N	Required from Federal
	0200			Standard/Itemized Deductions	12	N	No Entry
	0205			Earned Income Credit	12	N	Required from Federal
	0300			Alphanumeric Field 1	80	AN	

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	a			Software Developer Code	10	A code selected by the developer and placed in every record created using the Developer's software. For example XYZ Software Inc. might use "XYZ INC.". The code selected must be used for the entire year. The code will be verified during the editing process. The purpose of the code is to assist in detecting errors or problem returns
	b			Paid Preparer Name	31	IRS seq 1340
	c			Preparer Phone Number	10	
	d			Non-Paid Preparer	13	IRS seq 1330
	e			Preparer State EIN	16	No Entry
	0305			Alphanumeric Field 2	80	AN
	a			Electoral Contribution	1	Value = "Y" or "N"
	b			Party Designation	10	
	c			Olympic Contribution	1	Value = "Y" or "N"
	d			City/Town of Legal Residence	22	must equal one of 39 listed in appendix
	e			filler	1	
	f		line 28 pg 2	name of state paid	2	if fields #325 & #330 are used value should = "MU" to reflect multiple other state credits; otherwise should = postal code for other state paid
	g			filler	1	
	h		signature area p2	contact preparer?	1	value = "Y" or "N"
	i			filler	1	
	j			Party Designation checkbox	1	x or blank
	k			IP Address	39	Online filer (same as IRS Sum Record 0190)
	0310			Alphanumeric Field 3	80	AN
	a	H	1040H LINE 10A	primary date of birth	8	mmddyyyy (required if credit claimed)
	b	H	1040H LINE 10B	spouse date of birth	8	mmddyyyy(required if MFJ)
	c	H	1040H LINE 10C	disabled	1	value = "Y" or "N" (required if credit claimed)
	d	H	1040H LINE 10D	persons in household	2	01-99 (required if credit claimed)
	e	H	1040H line 10E	Number of persons listed in 9d under age 18	2	Required if credit is claimed
	f	W	line 1	EIN	9	
	g	W	line 1	spouse check box	1	X or blank
	h	W	line 1	1099 check box	1	X or blank
	i	W	line 2	EIN	9	
	j	W	line 2	spouse check box	1	X or blank
	k	W	line 2	1099 check box	1	X or blank
	l	W	line 3	EIN	9	
	m	W	line 3	spouse check box	1	X or blank
	n	W	line 3	1099 check box	1	X or blank
	o	W	line 4	EIN	9	
	p	W	line 4	spouse check box	1	X or blank
	q	W	line 4	1099 check box	1	X or blank
	r	W	line 5	EIN	9	
	s	W	line 5	spouse check box	1	X or blank
	t	W	line 5	1099 check box	1	X or blank
	u	1040 pg1	line 19	2210 checkbox	1	X or blank
	v			filler	3	
	0315			Alphanumeric Field 4	80	AN
	a	H	1040H part 5	landlord name	35	Form RI-1040H Property Tax Relief Credit

New/ Updated Field	Field ID	Form	Line Ref	Field Name	Byte Count		Edit and Instructions
	b			filler	22		
	c			filler	2		
	d	H	1040H part 5	landlord telephone number	12		###-###-####
	e			filler	9		
	0320			Alphanumeric Field 5	80	AN	
	a	NONRES	line 11 pg 1	Allocated Income Tax - Check Box	1		Value "A"all income from RI,"N"=nonresident,"P"= part year resident
	b	NONRES	line 13 page 7	allocation - NR	6		percentage-- 4 positions after decimal, leading zero
	c	NONRES	line 14 page 9	allocation - PY	6		percentage-- 4 positions after decimal, leading zero
	d			filler	1		
	e			filler	1		
	f	W	line 6	EIN	9		
	g	W	line 6	spouse check box	1		X or blank
	h	W	line 6	1099 check box	1		X or blank
	i	W	line 7	EIN	9		
	j	W	line 7	spouse check box	1		X or blank
	k	W	line 7	1099 check box	1		X or blank
	l	W	line 8	EIN	9		
	m	W	line 8	spouse check box	1		X or blank
	n	W	line 8	1099 check box	1		X or blank
	o	W	line 9	EIN	9		
	p	W	line 9	spouse check box	1		X or blank
	q	W	line 9	1099 check box	1		X or blank
	r	W	line 10	EIN	9		
	s	W	line 10	spouse check box	1		X or blank
	t	W	line 10	1099 check box	1		X or blank
	u	W	Line 22	count of W-2's/1099s from Sched W	3		
	v		1040 pg 1 @ line 14	extension filed checkbox	1		
	w			filler	6		
	0325			Alphanumeric Field 6	80	AN	
	a		1040MU pt 1	AGI from other State	12		
	b		1040MU pt 1	Tax due and paid other state	12		
	c		1040MU pt 1	other state name	2		
	d		1040MU pt 2	AGI from other State	12		
	e		1040MU pt 2	Tax due and paid other state	12		
	f		1040MU pt 2	other state name	2		
	g		1040MU pt 3	AGI from other State	12		
	h		1040MU pt 3	Tax due and paid other state	12		
	i		1040MU pt 3	other state name	2		
	j			FILLER	2		
	0330			Alphanumeric Field 7	80	AN	
	a		1040MU pt 4	AGI from other State	12		
	b		1040MU pt 4	Tax due and paid other state	12		
	c		1040MU pt 4	other state name	2		
	d			filler	54		
	350	NONRES	line 11 page 1	Allocated Income Tax - amt	12		N
	355	NONRES	line 12 page 7 col A	modified RI agi	12		N
	360	NONRES	line 13 page 9	allocated RI income for part year resident	12		N
	365	NONRES	line 18 page 10	income taxed in other jurisdiction	12		N

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	370	NONRES	RI-1040NR line 18c page 1	non resident withholding real estate	12	N	
NEW	375	H	RI-1040H line 8	adddback of losses - new line on return	12	N	
	380			filler	12	N	
	385			filler	12	N	line 25 on resident return / line 28 on non-resident return
	390			filler	12	N	
	395			filler	12	N	
	400			filler	12	N	
deleted	405			filler	12	N	
	410		line 4 page 1	RI Standard deduction	12	N	
	415			filler	12	N	
	420			filler	12	N	
	425			filler	12	N	
	430			filler	12	N	
	435		line 6 pg 1	RI Exemption amount	12	N	if -0- transmit -0-
	440		line 8A pg 1	Rhode Island Tax	12	N	
	445			filler	12	N	
	450		line 9A pg 1	percentage of allowable federal cr	12	N	
line ref	455		line 9B pg 1	Credit for taxes paid to another state	12	N	fields #550 & #555 & #305f (or schdule MU) must be populated if #460 is > 0
	460		line 12 pg 1	Use Tax	12	N	
	465		line 11 pg 1	Check off contributions	12	N	
	470		line 14 A	RI income tax withheld	12	N	should be total of all income tax withheld no matter what reporting souce (W-2; 1099, etc) - From Sch W line 21
	475		linc 14B	Estimated payments	12	N	sum of all estimated payments from RI-1040ES and 2003 overpayment carried forward
	480		line 14C	property tax relief credit	12	N	
	485		line 14F	Other payments	12	N	includes amounts paid w/ RI-4868
line ref	490		line 15A	Balance Due	12	N	does not include 2210 amount
	495		line 15B	2210 amount	12	N	do not include in amount in field #490
	500		line 17	refund	12	N	amount to be refunded...not overpayment
	505		line 18	carry forward	12	N	
	510	Sch M	line 1J	Total modifications increasing FAGI	12	N	
	515	Sch M	line 2V	Total modifications decreasing FAGI	12	N	should be a negative number (0000000-)
	520			FILLER	12	N	
restored	525		line 27 pg 2	Credit for child and dependent care	12	N	
	530			FILLER	12	N	
	535			FILLER	12	N	
	540			FILLER	12	N	
	545			FILLER	12	N	
	550		line 24 pg 2	Adjust gross income from other state	12	N	
	555		line 28 pg 2	tax due and paid to other state	12	N	
	560		page 2 line 30	Drug Program Account	12	N	
	565		page 2 line 32	RI organ transpant fund	12	N	
	570		page 2 line 33	RI Council on the Arts	12	N	
	575		page 2 line 34	RI nongame wildlife	12	N	
	580		page 2 line 35	childhood disease victims fund	12	N	
	585		page 2 line 36	RI Military Relief Fund	12	N	
	590			filler	12	N	
	595			filler	12	N	

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	600			filler	12	N	
	605			filler	12	N	
	610		line049 pg 2	RI refundable earned income credit	12	N	
	615	H	1040H LINE 4	Social Security (including Medicare premiums) and Rail Retirement benefits not included in AGI	12	N	
	620	H	1040H LINE 5	Workers Compensation and tax exempt pensions	12	N	
	625	H	1040H LINE 2	Non Taxable interest and Dividends	12	N	
	630	H	1040H LINE 3	Capital Gains not included in AGI	12	N	
	635	H	1040H LINE 6	Cash Public Assistance	12	N	
	640	H	1040H LINE 7	Other non-taxable income	12	N	
	645	H	1040H LINE 9	total 2008 household income	12	N	
	650	H	1040H LINE 11	Property Taxes paid	12	N	
	655	H	1040H LINE 17	rent paid	12	N	
	660	H	1040H TOTAL LINES 15 + 22	tentative credit	12	N	
	665			REMOVED - NO ENTRY	12	N	
	670	Sch M	Linc 1i	Income from the Discharge of debt under ARRA	12	N	
	675			REMOVED - NO ENTRY	12	N	
	680			REMOVED - NO ENTRY	12	N	
	685	Sch M	line 1A	Income from obligations of any state or subdivision	12	N	
	690	Sch M	line 1B	Fiduciary Adjust under 44-30-17	12	N	
	695	Sch M	line 1C	recapture of Family Education Acct modification	12	N	
	700	Sch M	line 1D	bonus depreciation add back	12	N	
	705	Sch M	line 1E	Section 179 depreciation add back	12	N	
	710	Sch M	line 1F	Section 529 add back	12	N	
	715	Sch M	line 1G	Recapture of Historic Tax Cr or Motion Picture Production	12	N	
	720	Sch M	line 1H	Recapture of Scituate Medical Sav Acct modifications	12	N	
	725	Sch M	line 2A	Income from Obligations of the US government	12	N	must be formatted as negative number 000000000000-
	730	Sch M	line 2B	Fiduciary Adjust under 44-30-17	12	N	must be formatted as negative number 000000000000-
	735	Sch M	line 2C	elective deduction for new R&D facilities	12	N	must be formatted as negative number 000000000000-
	740	Sch M	line 2D	Railroad Retirement benefits	12	N	must be formatted as negative number 000000000000-
	745	Sch M	line 2E	Qualifying investment in certified venture capital partnership	12	N	must be formatted as negative number 000000000000-
	750	Sch M	line 2F	Family education Accounts	12	N	must be formatted as negative number 000000000000-
	755	Sch M	line 2G	Tuition Saving Prgram	12	N	must be formatted as negative number 000000000000-
	760	Sch M	line 2H	profit or gain for writers	12	N	must be formatted as negative number 000000000000-
	765	Sch M	line 2I	bonus depreciation	12	N	must be formatted as negative number 000000000000-
	770	Sch M	line 2J	Section 179 depreciation	12	N	must be formatted as negative number 000000000000-
	775	Sch M	line 2K	Jobs Growth Act	12	N	must be formatted as negative number 000000000000-
	780	Sch M	line 2L	Capital investments in small business	12	N	must be formatted as negative number 000000000000-
	785	Sch M	line 2M	tax incentives for employers	12	N	must be formatted as negative number 000000000000-
	790	Sch M	line 2N	Tax Exempt Interest	12	N	must be formatted as negative number 000000000000-
	795	Sch M	line 2O	Historic Tax Cr or Motion Picture Production Cr income that is tax exempt for RI	12	N	must be formatted as negative number 000000000000-
	800	Sch M	line 2P	Active duty military pay for non-residents stationed in RI	12	N	must be formatted as negative number 000000000000-
	805	Sch M	line 2Q	Scituate Medical Savings Acc't contributions	12	N	must be formatted as negative number 000000000000-
	810	Sch M	line 2R	Insurance Benefits for dependents and domestic prtnr	12	N	must be formatted as negative number 000000000000-

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	815	Sch M	line 2S	Modification for unreimbursed Organ Transplant expenses	12	N	must be formatted as negative number 000000000000-
	820	Sch M	line 2T	Mod for resident business owner in certified enterprise zone	12	N	must be formatted as negative number 000000000000-
	825	Sch M	line 2U	Income from discharge of business indebtedness under ARRA	12	N	must be formatted as negative number 000000000000-
sch ref	830	NONRES	Sch II, line 8 col A	Total RI source income	12	N	
	835	W	line 1 col E	RI tax withheld	12	N	
	840	W	line 2 col E	RI tax withheld	12	N	
	845	W	line 3 col E	RI tax withheld	12	N	
	850	W	line 4 col E	RI tax withheld	12	N	
	855	W	line 5 col E	RI tax withheld	12	N	
	860	W	line 6 col E	RI tax withheld	12	N	
	865	W	line 7 col E	RI tax withheld	12	N	
	870	W	line 8 col E	RI tax withheld	12	N	
	875	W	line 9 col E	RI tax withheld	12	N	
	880	W	line 10 col E	RI tax withheld	12	N	
	END of FORMATTED RECORD				#		