

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

- **ERO must obtain and retain completed Form 8879.**
- **Go to www.irs.gov/Form8879 for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name KATHRYN RAMSEY	Social security number 003-72-2194
Spouse's name MATTHEW M RAMSEY	Spouse's social security number 434-69-0932

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	201,307.
2	Total tax	2	30,521.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	30,347.
4	Amount you want refunded to you	4	
5	Amount you owe	5	174.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize LAWRENCE GAGNON, CPA to enter or generate my PIN 14841 as my
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

☒ I authorize LAWRENCE GAGNON, CPA to enter or generate my PIN 26186 as my
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Matthew M Ramsey Date ► 4/25/2021**Practitioner PIN Method Returns Only – continue below****Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

04304677987
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► LAWRENCE GAGNON Date ► _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

LAWRENCE GAGNON, CPA
40 QUEENSBERRY ST, APT 14
BOSTON, MA 02215
6175191960

April 25, 2021

Kathryn and Matthew M Ramsey
26 Link Ln
Richmond, RI 02892

Dear Kathryn and Matthew,

Your 2020 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. There is a balance due of \$174. The balance due will be directly withdrawn from your bank account on May 17, 2021.

Your 2020 Rhode Island Individual Income Tax Return will be electronically filed with the State of Rhode Island. There is a balance due of \$226. The balance due will be directly withdrawn from your bank account on May 17, 2021.

Please be sure to call if you have any questions.

Sincerely,

Lawrence Gagnon

DO NOT FILE

2020**FEDERAL INCOME TAX SUMMARY****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

	2020	2019	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	201,093	200,181	912
INTEREST INCOME.....	41	21	20
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	173	442	-269
TOTAL INCOME.....	201,307	200,644	663
ADJUSTMENTS TO INCOME			
TOTAL ADJUSTMENTS.....	0	0	0
ADJUSTED GROSS INCOME.....	201,307	200,644	663
ITEMIZED DEDUCTIONS			
TAXES.....	10,000	10,000	0
INTEREST.....	12,988	12,585	403
CONTRIBUTIONS.....	245	0	245
TOTAL ITEMIZED DEDUCTIONS.....	23,233	22,585	648
TAX COMPUTATION			
STANDARD DEDUCTION.....	24,800	24,400	400
LARGER OF ITEMIZED OR STANDARD DEDUCTION	24,800	24,400	400
TAXABLE INCOME.....	176,507	176,244	263
TAX BEFORE CREDITS.....	30,521	30,648	-127
CREDITS			
TOTAL CREDITS.....	0	0	0
TAX AFTER CREDITS.....	30,521	30,648	-127
OTHER TAXES			
TOTAL TAX.....	30,521	30,648	-127
PAYMENTS			
FEDERAL INCOME TAX WITHHELD.....	30,347	25,986	4,361
ESTIMATED TAX PAYMENTS.....	0	684	-684
TOTAL PAYMENTS.....	30,347	26,670	3,677
REFUND OR AMOUNT DUE			
AMOUNT YOU OWE.....	174	3,978	-3,804
TAX RATES			
MARGINAL TAX RATE.....	24.0%	24.0%	0.0%
EFFECTIVE TAX RATE.....	17.3%	17.4%	-0.1%

2020**RHODE ISLAND INCOME TAX SUMMARY****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

	2020	2019	DIFF
FEDERAL ADJUSTED GROSS INCOME			
FEDERAL ADJUSTED GROSS INCOME.....	201,307	200,644	663
RHODE ISLAND INCOME TAX & CREDITS			
MODIFIED FEDERAL AGI.....	201,307	200,644	663
DEDUCTIONS.....	17,800	17,500	300
EXEMPTIONS.....	8,300	8,200	100
RHODE ISLAND TAXABLE INCOME.....	175,207	174,944	263
RHODE ISLAND INCOME TAX.....	8,003	8,033	-30
RHODE ISLAND INCOME TAX AFTER CREDITS....	8,003	8,033	-30
RHODE ISLAND USE/SALES TAX.....	161	161	0
TOTAL RHODE ISLAND TAX AND CONTRIBUTIONS	8,164	8,194	-30
PAYMENTS			
RHODE ISLAND INCOME TAX WITHHELD.....	7,938	7,833	105
TOTAL PAYMENTS AND CREDITS.....	7,938	7,833	105
BALANCE DUE/OVERPAYMENT			
BALANCE DUE.....	226	361	-135
OVERPAYMENT.....	0	0	0
MARGINAL TAX RATE.....	6.0%	6.0%	0.0%
EFFECTIVE TAX RATE.....	4.6%	4.6%	0.0%

DO NOT FILE

2020**FINANCIAL TRANSACTION SUMMARY****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****FEDERAL****2020 FEDERAL FORM 1040 ELECTRONIC FINANCIAL TRANSACTION INFORMATION.**

THE TAXPAYER(S) HAS AN AMOUNT DUE OF \$174 WHICH WILL BE DEBITED FROM THE FOLLOWING ACCOUNT ON 5/17/2021.

ROUTING TRANSIT NUMBER: 011500858

ACCOUNT NUMBER: *****1290

ACCOUNT TYPE: CHECKING

RHODE ISLAND**2020 RHODE ISLAND FORM RI-1040 ELECTRONIC FINANCIAL TRANSACTION INFORMATION.**

THE TAXPAYER(S) HAS AN AMOUNT DUE OF \$226 WHICH WILL BE DEBITED FROM THE FOLLOWING ACCOUNT ON 5/17/2021.

ROUTING TRANSIT NUMBER: 011500858

ACCOUNT NUMBER: *****1290

ACCOUNT TYPE: CHECKING

DO NOT FILE

2020**GENERAL INFORMATION****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****FORMS NEEDED FOR THIS RETURN**

FEDERAL: 1040, SCH 1, SCH E, 1116, 8582, 8879

RHODE ISLAND: RI-1040, SCHEDULE E, SCHEDULE U, SCHEDULE W, E-FILE PAYMENT

TAX RATES

	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	24.0%	17.3%
RHODE ISLAND	6.0%	4.6%

CARRYOVERS TO 2021FEDERAL CARRYOVERS

DEDUCTIBLE STATE AND LOCAL TAXES 65.

NET SECTION 1231 LOSSESFEDERAL

2017 LOSSES 1.

DO NOT FILE

2020**Agency Disclosure Statements****Page 1****Client****Kathryn and Matthew M Ramsey****003-72-2194****Rhode Island Disclosure Statements****Statement: Use of information**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Rhode Island Division of Taxation, as applicable by law.

Statement: Refund Expectations

Where's My Refund?

<https://www.ri.gov/taxation/refund/>

Statement: Payment Expectations

<http://www.tax.ri.gov/misc/creditcard.php>

Statement: Driver's License/ID Card Expectations

Rhode Island Division of Taxation requests the full DL/ID Card Information.

DO NOT FILE

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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- **Go to www.irs.gov/Form8879 for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name KATHRYN RAMSEY	Social security number 003-72-2194
Spouse's name MATTHEW M RAMSEY	Spouse's social security number 434-69-0932

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	201,307.
2	Total tax	2	30,521.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	30,347.
4	Amount you want refunded to you	4	
5	Amount you owe	5	174.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize LAWRENCE GAGNON, CPA to enter or generate my PIN 14841 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ►

Spouse's PIN: check one box only

- ☒ I authorize LAWRENCE GAGNON, CPA to enter or generate my PIN 26186 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

04304677987
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► LAWRENCE GAGNON

Date ►

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814		16	30,521.
2 <input type="checkbox"/> 4972	3 <input type="checkbox"/>	17	
17 Amount from Schedule 2, line 3		17	
18 Add lines 16 and 17		18	30,521.
19 Child tax credit or credit for other dependents		19	
20 Amount from Schedule 3, line 7		20	
21 Add lines 19 and 20		21	0.
22 Subtract line 21 from line 18. If zero or less, enter -0-		22	30,521.
23 Other taxes, including self-employment tax, from Schedule 2, line 10		23	
24 Add lines 22 and 23. This is your total tax		24	30,521.
25 Federal income tax withheld from :			
a Form(s) W-2	25a 30,347.		
b Form(s) 1099	25b		
c Other forms (see instructions)	25c		
d Add lines 25a through 25c	25d 30,347.		
26 2020 estimated tax payments and amount applied from 2019 return		26	
27 Earned income credit (EIC)	27		
28 Additional child tax credit. Attach Schedule 8812	28		
29 American opportunity credit from Form 8863, line 8	29		
30 Recovery rebate credit. See instructions	30		
31 Amount from Schedule 3, line 13	31		
32 Add lines 27 through 31. These are your total other payments and refundable credits		32	
33 Add lines 25d, 26, and 32. These are your total payments		33	30,347.
34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	
35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		35a	
b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d Account number <input type="text"/>			
36 Amount of line 34 you want applied to your 2021 estimated tax		36	
37 Subtract line 33 from line 24. This is the amount you owe now		37	174.
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38 Estimated tax penalty (see instructions)		38	

RefundDirect deposit?
See instructions.**Amount You Owe**For details on
how to pay, see
instructions.**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS ?

See instructions ☒ **Yes. Complete below.** ☐ **No**Designee's
name

LAWRENCE GAGNON

Phone
no.

(617)-519-1960

Personal identification
number (PIN)

77987

Sign Here

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, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

PROFESSOR

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, **both** must sign.

Date

PROFESSOR

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. 603-557-2207

Email address RAMSEY.KATHRYN.M@GMAIL.COM

Paid Preparer Use Only

Preparer's name

LAWRENCE GAGNON

Preparer's signature

LAWRENCE GAGNON

Date

PTIN

P01238583

Check if:

☒ Self-employed

Firm's name LAWRENCE GAGNON, CPA

Phone no. 6175191960

Firm's address 40 QUEENSBERRY ST, APT 14
BOSTON, MA 02215

Firm's EIN

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2020)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

KATHRYN AND MATTHEW M RAMSEY

Your social security number

003-72-2194

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	173.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	173.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	0.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2020

SCHEDULE E
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2020Attachment
Sequence No. **13**

Name(s) shown on return

KATHRYN AND MATTHEW M RAMSEY

Your social security number

003-72-2194

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions. ☐ Yes ☒ No
- B** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

1 a	Physical address of each property (street, city, state, ZIP code)				
A					
B					
C					
1 b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	6		A		
B			B		
C			C		

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:	A	B	C
3	Rents received	3			
4	Royalties received	4	182.		
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16	9.		
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	9.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	173.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			
23 a	Total of all amounts reported on line 3 for all rental properties	23 a			
b	Total of all amounts reported on line 4 for all royalty properties	23 b	182.		
c	Total of all amounts reported on line 12 for all properties	23 c			
d	Total of all amounts reported on line 18 for all properties	23 d			
e	Total of all amounts reported on line 20 for all properties	23 e	9.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		173.	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.	26		173.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Form **1116****Foreign Tax Credit**

(Individual, Estate, or Trust)

OMB No. 1545-0121

2020Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
► Go to **www.irs.gov/Form1116** for instructions and the latest information.

Attachment
Sequence No. **19**

Name

KATHRYN AND MATTHEW M RAMSEY

ID no. as shown on page 1 of your tax return

003-72-2194

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) ►

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession. ► UNITED KINGDOM				
1 a Gross income from sources within country shown above and of the type checked above (see instructions):				1 a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). ► <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	24,800.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	24,800.			
d Gross foreign source income (see instructions)				
e Gross income from all sources (see instructions)	201,316.			
f Divide line 3d by line 3e (see instructions)				
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2. ►				7

Part II Foreign Taxes Paid or Accrued (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								(u) Total foreign taxes paid or accrued (add columns (q) through (t))
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	
(l) Date paid or accrued	(m) Dividends	(n) Rents & royalties	(o) Interest	(q) Dividends		(r) Rents & royalties	(s) Interest			
A	1099 TAXES									
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2. ►

8

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9		
10 Carryback or carryover (attach detailed computation). (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11 Add lines 9 and 10.	11		
12 Reduction in foreign taxes (see instructions).	12		
13 Taxes reclassified under high tax kickout (see instructions).	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit.	14		
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).	15		
16 Adjustments to line 15 (see instructions).	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption.	18		
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1".	19		
20 Individuals: Enter the total of Form 1040 or 1040-SR, line 16, and Schedule 2 (Form 1040), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 16 and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16.	20		
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit).	21		
22 Increase in limitation (section 960(c))	22		
23 Add lines 21 and 22	23		
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV (see instructions).	24		

Part IV Summary of Credits From Separate Parts III (see instructions)

25 Credit for taxes on section 951A category income.	25		
26 Credit for taxes on foreign branch category income.	26		
27 Credit for taxes on passive category income.	27		
28 Credit for taxes on general category income.	28		
29 Credit for taxes on section 901(j) income.	29		
30 Credit for taxes on certain income re-sourced by treaty.	30		
31 Credit for taxes on lump-sum distributions.	31		
32 Add lines 25 through 31.	32		
33 Enter the smaller of line 20 or line 32.	33		
34 Reduction of credit for international boycott operations. See instructions for line 12.	34		
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a.	35		

Form **8582****Passive Activity Loss Limitations**

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions.
 ► Attach to Form 1040, 1040-SR, or 1041.
 ► Go to www.irs.gov/Form8582 for instructions and the latest information.

2020Attachment
Sequence No. **858**

Name(s) shown on return

Identifying number

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

Part I 2020 Passive Activity Loss**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1 a Activities with net income (enter the amount from Worksheet 1, column (a))....	1 a		
b Activities with net loss (enter the amount from Worksheet 1, column (b)).....	1 b		
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)).	1 c		
d Combine lines 1a, 1b, and 1c.....		1 d	

Commercial Revitalization Deductions From Rental Real Estate Activities

2 a Commercial revitalization deductions from Worksheet 2, column (a).....	2 a		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b).....	2 b		
c Add lines 2a and 2b.....		2 c	

All Other Passive Activities

3 a Activities with net income (enter the amount from Worksheet 3, column (a))....	3 a	173.	
b Activities with net loss (enter the amount from Worksheet 3, column (b)).....	3 b		
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)).	3 c		
d Combine lines 3a, 3b, and 3c.....		3 d	173.

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used.....	4		173.
---	----------	--	------

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4.....	5	
6 Enter \$150,000. If married filing separately, see instructions.....	6	
7 Enter modified adjusted gross income, but not less than zero. See instructions....	7	201,134.
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8 Subtract line 7 from line 6.....	8	
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions.	9	
10 Enter the smaller of line 5 or line 9.....	10	0.
If line 2c is a loss, go to Part III. Otherwise, go to line 15.		

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions.....	11	
12 Enter the loss from line 4.....	12	
13 Reduce line 12 by the amount on line 10.....	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13.....	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total.....	15	
16 Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return.....	16	

BAA For Paperwork Reduction Act Notice, see instructions.Form **8582** (2020)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.**Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c..... ▶					

Worksheet 2 – For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b..... ▶			

Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
EOG RESOURCES INC	173.			173.	
Total. Enter on Form 8582, lines 3a, 3b, and 3c..... ▶	173.				

Worksheet 4 – Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total. ▶			1.00		

Worksheet 5 – Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total. ▶			1.00	

Worksheet 6 – Allowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				0.

Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Total	0.	1.00		0.	0.

Name of activity:

Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Total	0.	1.00		0.	0.

2020**FEDERAL WORKSHEETS****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****WAGE SCHEDULE**

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
UNIVERSITY OF RHODE ISLAND	14,937.	1,746.			570.	
STATE OF RHODE ISLAND	83,007.	12,440.	5,422.	1,268.	3,221.	
TOTAL	97,944.	14,186.	5,422.	1,268.	3,791.	0.
<u>SPOUSE - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
STATE OF RHODE ISLAND OFFICE OF A&C	82,937.	12,679.	5,417.	1,267.	3,287.	
UNIVERSITY OF RHODE ISLAND	20,212.	3,482.			860.	
TOTAL	103,149.	16,161.	5,417.	1,267.	4,147.	0.
GRAND TOTAL	201,093.	30,347.	10,839.	2,535.	7,938.	0.

**FORM 1040, 1040-SR, OR 1040-NR, LINE 2B
INTEREST INCOME**

THE WASHINGTON TRUST CO

TOTAL 41.
41.

STUDENT LOAN INTEREST DEDUCTION WORKSHEET (SCHEDULE 1, LINE 20)

1. TOTAL QUALIFIED STUDENT LOAN INTEREST PAID, NOT MORE THAN \$2,500 501.
2. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, LINE 9 (EXCLUDE UCE) 201,307.
3. ENTER THE AMOUNTS FROM FORM 1040 OR 1040-SR, LINE 10B, AND
SCHEDULE 1, LINES 10 THROUGH 19, AND ANY AMOUNT ENTERED ON THE
LINE NEXT TO SCHEDULE 1, LINE 22 0.
4. SUBTRACT LINE 3 FROM LINE 2 201,307.
5. ENTER \$70,000 (\$140,000 IF MFJ) 140,000.
6. IS THE AMOUNT ON LINE 4 MORE THAN LINE 5
- IF NO, SKIP LINES 6 AND 7, ENTER 0 ON LINE 8, AND GO TO LINE 9
- IF YES, SUBTRACT LINE 5 FROM LINE 4 61,307.
7. DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MFJ) BUT
NOT MORE THAN 1 1.000
8. MULTIPLY LINE 1 BY LINE 7 501.
9. STUDENT LOAN INTEREST DEDUCTION (SUBTRACT LINE 8 FROM LINE 1) 0.

TAX COMPUTATION WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)

TAXABLE INCOME	(A)	(B)	(C)	(D)	TAX
IF LINE 15 IS -	ENTER THE AMOUNT FROM LINE 15	MULTI- PLICATION AMOUNT	MULTIPLY (A) BY (B)	SUBTRACTION AMOUNT	SUBTRACT (D) FROM (C) (ROUNDED)

2020**FEDERAL WORKSHEETS****PAGE 2****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****TAX COMPUTATION WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16) (CONTIN**

OVER

\$171,050

BUT NOT OVER

\$326,600

176,507.

24.0%

42,361.68

11,841.00

30,521.

FEDERAL INCOME TAX WITHHELD

STATE OF RHODE ISLAND OFFICE OF A&C

12,679.

UNIVERSITY OF RHODE ISLAND

1,746.

UNIVERSITY OF RHODE ISLAND

3,482.

STATE OF RHODE ISLAND

12,440.

TOTAL 30,347.**FORM 1116, PAGE 1, LINE 3E
GROSS INCOME FROM ALL SOURCES**

WAGES, SALARIES, TIPS, ETC..... 201,093.

TAXABLE INTEREST..... 41.

GROSS INCOME FROM SCHEDULE C, E AND F..... 182.

TOTAL \$ 201,316.**FORM 1040 OR 1040-SR, LINE 30
RECOVERY REBATE CREDIT**

1. CAN YOU BE CLAIMED AS A DEPENDENT ON ANOTHER PERSON'S 2020 RETURN? IF FILING A JOINT RETURN, GO TO LINE 2.
- NO. GO TO LINE 2.
2. DOES YOUR 2020 RETURN INCLUDE A VALID SOCIAL SECURITY NUMBER FOR YOU AND, IF FILING A JOINT RETURN, YOUR SPOUSE?
- YES. SKIP LINES 3 AND 4, AND GO TO LINE 5.
3. WAS AT LEAST ONE OF YOU A MEMBER OF THE U.S. ARMED FORCES AT ANY TIME DURING 2020, AND DOES AT LEAST ONE OF YOU HAVE A VALID SSN?
- SKIP
4. DOES ONE OF YOU HAVE A VALID SSN?
- SKIP
5. IF YOUR EIP 1 WAS \$1,200 (\$2,400 IF MFJ) PLUS \$500 FOR EACH QUALIFYING CHILD, SKIP LINES 5 AND 6, ENTER ZERO ON LINES 7 AND 16, AND GO TO LINE 8. OTHERWISE ENTER: \$1,200 IF SINGLE, HOH, MFS, QUALIFYING WIDOW(ER), OR IF MFJ AND YOU ANSWERED "YES" TO QUESTION 4, OR \$2,400 IF MFJ AND YOU ANSWERED "YES" TO QUESTION 2 OR 3..... 2,400.
6. MULTIPLY \$500 BY THE NUMBER OF QUALIFYING CHILDREN UNDER AGE 17 AT THE END OF 2020 LISTED IN THE DEPENDENTS SECTION ON PAGE 1 OF FORM 1040 OR 1040-SR FOR WHOM YOU EITHER CHECKED THE "CHILD TAX CREDIT" BOX OR ENTERED AN ADOPTION TAXPAYER IDENTIFICATION NUMBER.... 2,400.
7. ADD LINES 5 AND 6..... 2,400.
8. IF YOUR EIP 2 WAS \$600 (\$1,200 IF MFJ) PLUS \$600 FOR EACH QUALIFYING CHILD, SKIP LINES 8 AND 9, ENTER ZERO ON LINES 10 AND 19 AND GO TO LINE 11. OTHERWISE ENTER: \$600 IF SINGLE, HOH, MFS, QUALIFYING WIDOW(ER), OR IF MFJ AND YOU ANSWERED "YES" TO QUESTION 4, OR \$1,200 IF MFJ AND YOU ANSWERED "YES" TO QUESTION 2 OR 3..... 1,200.
9. MULTIPLY \$600 BY THE NUMBER OF QUALIFYING CHILDREN UNDER AGE 17

2020**FEDERAL WORKSHEETS****PAGE 3****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****FORM 1040 OR 1040-SR, LINE 30 (CONTINUED)
RECOVERY REBATE CREDIT**

AT THE END OF 2020 LISTED IN THE DEPENDENTS SECTION ON PAGE 1 OF
FORM 1040 OR 1040-SR FOR WHOM YOU EITHER CHECKED THE "CHILD TAX
CREDIT" BOX OR ENTERED AN ADOPTION TAXPAYER IDENTIFICATION NUMBER...

10. ADD LINES 8 AND 9.....	1,200.
11. ENTER THE AMOUNT FROM LINE 11 OF FORM 1040 OR 1040-SR.....	201,307.
12. ENTER THE THRESHOLD AMOUNT FOR YOUR FILING STATUS.....	150,000.
13. IS THE AMOUNT ON LINE 11 MORE THAN THE AMOUNT ON LINE 12?	
- YES. SUBTRACT LINE 12 FROM LINE 11.....	51,307.
14. MULTIPLY LINE 13 BY 5% (0.05).....	2,565.
15. SUBTRACT LINE 14 FROM LINE 7. IF ZERO OR LESS, ENTER 0.....	0.
16. ENTER THE AMOUNT, IF ANY, OF EIP 1 THAT WAS ISSUED TO YOU (BEFORE OFFSET FOR ANY PAST-DUE CHILD SUPPORT PAYMENT). YOU MAY REFER TO NOTICE 1444 OR YOUR TAX ACCOUNT INFORMATION AT IRS.GOV/ACCOUNT FOR THE AMOUNT TO ENTER HERE.....	0.
17. SUBTRACT LINE 16 FROM LINE 15. IF ZERO OR LESS, ENTER 0. IF LINE 16 IS MORE THAN LINE 15, YOU DON'T HAVE TO PAY BACK THE DIFFERENCE.....	0.
18. SUBTRACT LINE 14 FROM LINE 10. IF ZERO OR LESS, ENTER 0.....	0.
19. ENTER THE AMOUNT, IF ANY, OF EIP 2 THAT WAS ISSUED TO YOU. YOU MAY REFER TO NOTICE 1444-B OR YOUR TAX ACCOUNT INFORMATION AT IRS.GOV/ACCOUNT FOR THE AMOUNT TO ENTER HERE.....	0.
20. SUBTRACT LINE 19 FROM LINE 18. IF ZERO OR LESS, ENTER 0. IF LINE 19 IS MORE THAN LINE 18, YOU DON'T HAVE TO PAY BACK THE DIFFERENCE.....	0.
21. RECOVERY REBATE CREDIT. ADD LINES 17 AND 20. ENTER THE RESULT HERE AND, IF MORE THAN ZERO, ON LINE 30 OF FORM 1040 OR 1040-SR.....	<u>0.</u>

DO NOT FILE

2020**E-FILE PAYMENT RECORD - BALANCE DUE****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****Form Payment Record**

The taxpayer's balance due or an estimated tax payment for next year will be paid electronically using the following information. Modify the bank and account information using the Direct Deposit / Electronic Payment input fields in Screen 3. To cancel payment, call the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the requested payment (settlement) date.

Name of Bank

Routing Transit Number

Bank Account Number

Type of Account

1 = Checking; 2 = Savings

Amount of Tax Payment

Tax Type

1040, 1040-ES, 2350 or 4868

Requested Payment Date

Taxpayer's Daytime Phone Number

2020**Married Filing Joint vs. Married Filing Separate Comparison****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

MARRIED FILING SEPARATE GENERATED A TENTATIVE TAX SAVINGS OF \$1.

SUMMARY	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
AGI	97,944.	103,363.	201,307.	201,307.
Itemized deductions	11,617.	11,616.	23,233.	23,233.
Standard deduction	12,400.	12,400.	24,800.	24,800.
Taxable Income	85,544.	90,963.	176,507.	176,507.
Total tax	14,606.	15,914.	30,520.	30,521.
Tentative amount due or (overpayment)	420.	-247.	173.	174.
TAX SAVINGS BY FILING SEPARATELY			1.	
Marginal tax rate	22%	24%		24%
Amount of income taxed at marginal rate	45,400.	5,450.		5,457.
Current tax bracket remaining	-19.	72,337.		150,093.
INCOME				
Wages, salaries, tips, etc.	97,944.	103,149.	201,093.	201,093.
Taxable interest income		41.	41.	41.
Ordinary dividends				
Taxable refunds of state and local income taxes				
Alimony received				
Business income or loss				
Capital gain or loss				
Other gains or losses				
Taxable IRA distributions				
Taxable pensions and annuities				
Rental real estate, royalties, partnerships, S corporations, trusts, etc.		173.	173.	173.
Farm income or loss				
Unemployment compensation				
Taxable social security benefits				
Other income				
Total income	97,944.	103,363.	201,307.	201,307.
ADJUSTMENTS				
Educator expenses				
Certain business expenses of reservists, performing artists, and fee-basis government officials				
Health savings account deduction				
Moving expenses				
Deductible part of self-employment tax				
Self-employed SEP, SIMPLE, and qualified plans				
Self employed health insurance deduction				
Penalty on early withdrawal of savings				
Alimony paid				
IRA deduction				
Student loan interest deduction				
Tuition and fees				
Other adjustments				
Total adjustments				
Federal adjusted gross income	97,944.	103,363.	201,307.	201,307.

Note: This comparison has been computed without certain credits and certain other taxes. These items may change the final results.

2020**Married Filing Joint vs. Married Filing Separate Comparison****PAGE 2****003-72-2194**

	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
ITEMIZED DEDUCTIONS				
Medical and dental				
Taxes	5,000.	5,000.	10,000.	10,000.
Interest	6,494.	6,494.	12,988.	12,988.
Contributions	123.	122.	245.	245.
Casualty and theft				
Other miscellaneous deductions				
Total itemized deductions	11,617.	11,616.	23,233.	23,233.
TAX CALCULATION				
Standard deduction	12,400.	12,400.	24,800.	24,800.
Higher of itemized or standard deduction	12,400.	12,400.	24,800.	24,800.
Qualified business income deduction				
Taxable income	85,544.	90,963.	176,507.	176,507.
Tax	14,606.	15,914.	30,520.	30,521.
Alternative minimum tax				
Excess advance premium tax credit repayment				
Foreign tax credit				
Child tax credit/credit for other dependents				
Education credits				
Retirement savings contributions credit				
Child care credit				
Residential energy credit				
General business credit				
Minimum tax credit				
Elderly and disabled credit				
Other credits				
Tax after credits	14,606.	15,914.	30,520.	30,521.
OTHER TAXES				
Self-employment tax				
Social security tax on tip income/wages				
Tax on qualified retirement plans and MSAs				
Household employment taxes				
Other taxes				
Section 965 net tax liability installment				
Total tax	14,606.	15,914.	30,520.	30,521.
PAYMENTS				
Federal income tax withheld	14,186.	16,161.	30,347.	30,347.
Estimated tax payments				
Earned income credit				
Additional child tax credit				
American opportunity credit				
Net premium tax credit				
Amount paid with extension				
Excess social security and RRTA tax withheld				
Other payments				
Total payments	14,186.	16,161.	30,347.	30,347.
Tentative amount due or (overpayment)	420.	-247.	173.	174.

State of Rhode Island Division of Taxation

2020 Form RI-1040

Resident Individual Income Tax Return



20100170110101

Your social security number

003-72-2194

Spouse's social security number

434-69-0932

Your first name

KATHRYN

MI

Last name

RAMSEY

Spouse's name

MATTHEW

MI

Last name

RAMSEY

Address

26 LINK LN

City, town or post office

RICHMOND

State

RI

ZIP code

02892

City or town of legal residence

WARWICK

Check each box that applies. Otherwise, leave blank.

Primary deceased?

Yes

Spouse deceased?

New address?

Amended Return?*

ELECTORAL CONTRIBUTION

If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.)

If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.

FILING STATUS
Check one

Single →

Married filing jointly →

X

Married filing separately →

Head of household →

Qualifying widow(er) →

INCOME, TAX AND CREDITS

1	Federal AGI from Federal Form 1040 or 1040-SR, line 11.....	1	201307	00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line....	2		00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases).....	3	201307	00
4	RI Standard Deduction from left. If line 3 is over \$207,700 see Standard Deduction Worksheet.....	4	17800	00
5	Subtract line 4 from line 3. If zero or less, enter 0.....	5	183507	00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,150 and enter result on line 6. If line 3 is over \$207,700, see Exemption Worksheet.....	2	X \$4,150 =	6 8300 00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....	7	175207	00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	8003	00
9a	RI percentage of allowable Federal credit from page 3, RI Sch I, line 22.....	9a	00	
b	RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29.....	9b	00	X
c	Other Rhode Island Credits from RI Schedule CR, line 8.....	9c	00	
d	Total RI credits. Add lines 9a, 9b and 9c.....	9d		00
10a	Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero)...	10a	8003	00
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....	10b		00
11	RI checkoff contributions from page 3, RI Checkoff Schedule, line 37.....	11		00
12a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies.....	12a	161	00
b	Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage.....	X 12b		00
13a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b..	13a	8164	00

Rhode Island Standard Deduction
Single
\$8,900
Married filing jointly or Qualifying widow(er)
\$17,800
Married filing separately
\$8,900
Head of household
\$13,350

Using a paper clip, please attach Forms W-2 and 1099 here.

RETURN MUST BE SIGNED — SIGNATURE IS LOCATED ON PAGE 2

7011

Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

* If filing an amended return, attach the Explanation of Changes supplemental page

RIIA0112L 01/11/21

State of Rhode Island Division of Taxation

2020 Form RI-1040

Resident Individual Income Tax Return - page 2



20100170110102

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

KATHRYN**RAMSEY**

Your social security number

003-72-2194

13b	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a.....	13b	8164 00
14a	RI 2020 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding	14a	7938 00
b	2020 estimated tax payments and amount applied from 2019 return	14b	00
c	Property tax relief credit from RI-1040H, line 13. Attach RI-1040H.	14c	00
d	RI earned income credit from page 3, RI Schedule EIC, line 40 .	14d	00
e	RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238	14e	00
f	Other payments	14f	00
g	TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f	14g	7938 00
h	Previously issued overpayments (if filing an amended return).....	14h	00
i	NET PAYMENTS. Subtract line 14h from line 14g	14i	7938 00
15a	AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b.	15a	226 00
b	Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 15a or subtracted from line 16, whichever applies.	15b	00
c	TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment. . ☺	15c	226 00
16	AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16	16	00
17	Amount of overpayment to be refunded	17	00
18	Amount of overpayment to be applied to 2021 estimated tax.	18	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

Spouse's signature

Spouse's driver's license number and state Date

603-557-2207

Telephone number

Paid preparer signature

Print name

Date

Telephone number

LAWRENCE GAGNON**LAWRENCE GAGNON****(617) 519-1960**

Paid preparer address

City, town or post office

State

ZIP code

PTIN

40 QUEENSBERRY ST, APT**BOSTON****MA****02215****P01238583**

State of Rhode Island Division of Taxation

2020 Form RI-1040

Resident Individual Income Tax Return - page 3



20100170110103

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

KATHRYN

RAMSEY

Your social security number

003-72-2194

RI SCHEDULE I – ALLOWABLE FEDERAL CREDIT

19	RI income tax from page 1, line 8.....	19	00
20	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2.....	20	00
21	Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....	21	00
22	MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a.....	22	00

**RI SCHEDULE II – CREDIT FOR INCOME TAX PAID TO ANOTHER STATE
(ATTACH COPY OF OTHER STATE(S) RETURN)**

23	RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22.....	23	00
24	Income derived from other state. If more than one state, see instructions.....	24	00
25	Modified federal AGI from page 1, line 3.....	25	00
26	Divide line 24 by line 25.....	26	
27	Tentative credit. Multiply line 23 by line 26.....	27	00
28	Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid.....	28	00
29	MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b.....	29	00

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		\$1.00	\$5.00	\$10.00	Other		
30	Drug program account RIGL §44-30-2.4					30	00
31	Olympic Contribution RIGL §44-30-2.1 Yes	\$1.00			contribution (\$2.00 if a joint return)	31	00
32	RI Organ Transplant Fund RIGL §44-30-2.5					32	00
33	RI Council on the Arts RIGL §42-75.1-1					33	00
34	Nongame Wildlife Fund RIGL §44-30-2.2					34	00
35	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11					35	00
36	RI Military Family Relief Fund RIGL §44-30-2.9					36	00
37	TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11.....					37	00

RI SCHEDULE EIC – RHODE ISLAND EARNED INCOME CREDIT

38	Federal earned income credit from Federal Form 1040 or 1040-SR, line 27.....	38	00
39	Rhode Island percentage.....	39	15%
40	RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d.....	40	00

State of Rhode Island Division of Taxation

2020 RI Schedule E

Exemption Schedule for RI-1040 and RI-1040NR



20105970110101

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

KATHRYN

RAMSEY

Your social security number

003-72-2194

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.**1a Yourself ☒b Spouse ☒

(A) Name of Dependent

(B) Social Security Number

(C) Date of Birth

(D) Relationship

2a

b

c

d

e

f

g

h

i

j

k

l

m

DO NOT FILE**Exemption Number Summary**

3 Enter the number of boxes checked on lines 1a and 1b. 3

2

4a Enter the number of children from lines 2a through 2m who lived with you. 4a

b Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation. 4b

c Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b. 4c

5 Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6. 5

2

State of Rhode Island Division of Taxation

2020 RI Schedule U

Individual Consumer's Use Tax



20101670110101

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

KATHRYN

RAMSEY

Your social security number

003-72-2194

Individual Consumer's Use Tax Worksheet

NOTE: When reporting the amount of use tax obligation on the Rhode Island personal income tax return. The taxpayer shall list either the actual amount of use tax due, or an amount using the Rhode Island Use Tax Lookup Table below. If you know the actual amount of all purchases made that are subject to the use tax, use Option #1. Otherwise, use Option #2. Be sure to check the box on page 1 of your return attesting to the amount of use tax listed on your return. For more information, see the 1040 instructions at www.tax.ri.gov.

Option #1 - Actual Use Tax Due

1	Enter the total price of purchases subject to the use tax.....	1	00
2	Use tax due. Multiply line 1 by 7% (0.07).....	2	00
3	Enter the amount of sales taxes paid in other states for the purchases on line 1.....	3	00
4	Net use tax due. Subtract line 3 from line 2. Enter here and on RI-1040, pg 1, line 12a or RI-1040NR, pg 1, line 15a.....	4	00

Option #2 - Rhode Island Use Tax Lookup Table

5	Enter your 2020 Federal AGI from Form RI-1040 or RI-1040NR, page 1, line 1.....	5	201307	00	
6	Use tax due. Multiply line 5 by 0.0008 or enter the amount from the Rhode Island Use Tax Lookup Table below.....	6	161	00	
7 In the space below, list the actual amount of each single purchase greater than or equal to \$1,000.00					
	Column A Product Purchased	Column B Product Cost	Column C Tax Due (Cost x 7%)	Column D Sales Tax Paid	Column E Sales Tax Due (Col C - Col D)
a	Purchase #1	00	00	00	7a 00
b	Purchase #2	00	00	00	7b 00
c	Purchase #3	00	00	00	7c 00
d	Purchase #4	00	00	00	7d 00
e	Net use tax due on purchases equal to or greater than \$1,000. Add lines 7a, 7b, 7c and 7d.....				7e 00
8	Use tax due. Add lines 6 and 7e. Enter here and on RI-1040, page 1, line 12a or RI-1040NR, page 1, line 15a.....				8 161 00

USE TAX TABLE					
Federal AGI from RI-1040/NR, line 1		Use Tax Amount	Federal AGI from RI-1040/NR, line 1		Use Tax Amount
At least	Less than		At least	Less than	
\$0	6,700	\$5	\$40,450	\$47,200	\$35
6,700	13,450	10	47,200	53,950	40
13,450	20,200	15	53,950	60,700	45
20,200	26,950	20	60,700	67,450	50
26,950	33,700	25	67,450	74,200	55
33,700	40,450	30	74,200	80,950	60
If your Federal AGI is \$80,950 or greater, multiply Form RI-1040/NR, line 1 by 0.08% (0.0008)					

State of Rhode Island Division of Taxation

2020 RI Schedule W

Rhode Island W-2 and 1099 Information - Page 4



20101070110101

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

KATHRYN

RAMSEY

Your social security number

003-72-2194

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.

Failure to do so may delay the processing of your return.

ATTACH THIS SCHEDULE W TO YOUR RETURN

	Column A Enter "S" if Spouse's W-2 or 1099	Column B Enter 1099 letter code from chart	Column C Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Column D Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Column E Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1	S		STATE OF RHODE ISLAND	05-6000522	3287 00
2			UNIVERSITY OF RHODE I	22-3011455	570 00
3	S		UNIVERSITY OF RHODE I	22-3011455	860 00
4			STATE OF RHODE ISLAND	05-6000522	3221 00
5					00
6					00
7					00
8					00
9					00
10					00
11					00
12					00
13					00
14					00
15					00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a				7938 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld.				4

DO NOT FILE

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-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	9
1099-B	B	16	1099-MISC	M	15	RI-1099PT	P	9
1099-DIV	D	15	1099-NEC	N	5			

7011

RIIA7889L 01/07/21

2020**RI E-FILE PAYMENT RECORD - BALANCE DUE****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****Form Payment Record**

THE RI-1040 BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE RHODE ISLAND ELECTRONIC PAYMENT INPUT FIELDS.

Name of Bank

Routing Transit Number

Bank Account Number

Type of Account

Amount of Tax Payment

Tax Type

Requested Payment Date

Taxpayer's Daytime Phone Number

2020**RI E-FILE PAYMENT RECORD - BALANCE DUE****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****Form Payment Record**

THE RI-1040 BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE RHODE ISLAND ELECTRONIC PAYMENT INPUT FIELDS.

Name of Bank

Routing Transit Number

Bank Account Number

Type of Account

Amount of Tax Payment

Tax Type

Requested Payment Date

Taxpayer's Daytime Phone Number