

State of Rhode Island Division of Taxation  
**2023 Form RI-6238**  
 Residential Lead Abatement Income Tax Credit



23104099990101

Your name	Deceased?	Your social security number	
	Yes <input type="checkbox"/>		
Spouse's name	Deceased?	Spouse's social security number	
	Yes <input type="checkbox"/>		
Address	New address?	Daytime phone number	
	Yes <input type="checkbox"/>		
City, town or post office	State	ZIP code	City or town of legal residence

Pursuant to R.I.G.L. 44-30.3-3, a claimant must have been domiciled in the state of Rhode Island for the entire calendar year for which he/she files a claim for relief under this chapter. **DO NOT COMPLETE THIS FORM** if you were not a resident of the state of Rhode Island for all of 2023.

**PART 1 DWELLING UNIT INFORMATION** (CREDIT MAY BE TAKEN FOR UP TO THREE (3) DWELLING UNITS)

	Unit #1	Unit #2	Unit #3
1 Property Address:	(Number, Street, Apt. Number)	(Number, Street, Apt. Number)	(Number, Street, Apt. Number)
	(City or Town)	(City or Town)	(City or Town)
2 For each unit: Check one that applies and complete the corresponding section in Part 2.	<input type="checkbox"/> Owner Occupant <input type="checkbox"/> Renter <input type="checkbox"/> Landlord	<input type="checkbox"/> Owner Occupant <input type="checkbox"/> Renter <input type="checkbox"/> Landlord	<input type="checkbox"/> Owner Occupant <input type="checkbox"/> Renter <input type="checkbox"/> Landlord
3 For each unit: Check the type of lead work performed.	<input type="checkbox"/> Removal <input type="checkbox"/> Reduction	<input type="checkbox"/> Removal <input type="checkbox"/> Reduction	<input type="checkbox"/> Removal <input type="checkbox"/> Reduction
4 Costs incurred:	\$ _____	\$ _____	\$ _____
5 Maximum Credit:	\$ _____	\$ _____	\$ _____
<b>If removal/abatement, enter \$5,000.00 You must have a Department of Health Lead Safe Certificate for removal/abatement.</b>			
<b>If reduction/mitigation, enter \$1,500.00. You must have a Rhode Island Housing Resources Commission Lead Hazard Mitigation Certificate of Conformance.</b>			
6 Maximum Credit: Enter the smaller of line 4 or line 5	\$ _____	\$ _____	\$ _____
7 Total Credit (Add all credit amounts from line 6):	\$ _____		

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Spouse's signature	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP code
			PTIN

May the Division of Taxation contact your preparer? YES

Revised 08/2023



IMAGEONLY

Name	Your social security number

**PART 2 CLAIMANT INFORMATION**

**8 OWNER OCCUPIED PROPERTY:**

	YES	NO
Were you a legal resident of Rhode Island for all of 2023? -----	<input type="checkbox"/>	<input type="checkbox"/>
Is your household income equal to or less than \$55,400 (use the worksheet in Part 3) ? -----	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur the full cost of the lead removal/reduction? -----	<input type="checkbox"/>	<input type="checkbox"/>
Are you the sole owner of the property? -----	<input type="checkbox"/>	<input type="checkbox"/>

If no, what is your ownership percentage? \_\_\_\_\_%

Who is the other owner(s)? \_\_\_\_\_

Name Address

**9 RENTER/LESSEE:**

Were you a legal resident of Rhode Island for all of 2023? -----	<input type="checkbox"/>	<input type="checkbox"/>
Is your household income equal to or less than \$55,400 (use the worksheet in Part 3) ?-----	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any of the cost of the lead removal/reduction? -----	<input type="checkbox"/>	<input type="checkbox"/>

Who is your landlord? \_\_\_\_\_

Name Address

**10 LANDLORD:**

Have you rented out property in 2023? -----	<input type="checkbox"/>	<input type="checkbox"/>
Is your household income equal to or less than \$55,400 (use the worksheet in Part 3) ? -----	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, is the household income of the tenant(s) in Unit 1 equal to or less than \$55,400? -----	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, is the household income of the tenant(s) in Unit 2 equal to or less than \$55,400? -----	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, is the household income of the tenant(s) in Unit 3 equal to or less than \$55,400? -----	<input type="checkbox"/>	<input type="checkbox"/>

**PART 3 WORKSHEET FOR COMPUTING TOTAL HOUSEHOLD INCOME**

**USE THE FOLLOWING WORKSHEET TO COMPUTE YOUR TOTAL HOUSEHOLD INCOME**

11 Social Security (including Medicare premiums) and Railroad Retirement benefits.....	11	
12 Unemployment benefits, worker's compensation.....	12	
13 Wages, salaries, tips, etc.....	13	
14 Dividends and interest (taxable and nontaxable).....	14	
15 Business and Farm income (net of expenses).....	15	
16 Pension and annuity income (taxable and nontaxable).....	16	
17 Rental income (net of expenses).....	17	
18 Partnership, estate and trust income.....	18	
19 Total gain on sale or exchange of property.....	19	
20 Loss on sale or exchange of property (capital losses are limited to \$3,000.00).....	20	
21 Cash public assistance (welfare, etc.).....	21	
22 Alimony and child support received.....	22	
23 Nontaxable military compensation and cash benefits.....	23	
24 Other taxable income, please specify: _____	24	
25 <b>TOTAL 2023 HOUSEHOLD INCOME.</b> Add lines 11 through 24. Enter here and use to answer questions in Part 2 above	25	