

RI 4506

STATE OF RHODE ISLAND - DIVISION OF TAXATION
REQUEST FOR COPY OF TAX RETURN(S)

Name(s) of taxpayer(s) as shown on tax form:

Current address of taxpayer(s):

Type of Tax:

Tax Form No:

Tax Period(s):

Social Security No:

Spouse's Social Security No:

ID # (for corporate or other taxpayers):

Date of Death (for Estate Tax Only):

This is a request for a copy of the return(s) and all attachments.

Signature

Date

(Title if Corporation, Partnership,
estate or trust)

Telephone Number

COPY CHARGE = \$ 1.00 PER PAGE
MINIMUM COPY CHARGE = \$ 3.00 PER TAX RETURN

Total Enclosed

Make check payable to: Rhode Island Division of Taxation
One Capitol Hill
Providence, RI 02908-5800

FULL PAYMENT MUST ACCOMPANY THIS REQUEST

TAX DIVISION DOES NOT MAIL TO THIRD PARTIES

Address on mailing label below must be the same as above.
Please be sure to use the enclosed envelope when mailing.

MAILING LABEL: Print clearly or type

Name:	_____
Address:	_____ _____
City:	_____
State:	_____
ZIP:	_____