

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

Name(s) and address of taxpayer(s)  
as shown on tax return: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current address of taxpayer(s)  
if different from above: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Tax: **Personal Income Tax**  
Tax Form Number: \_\_\_\_\_  
Tax Year(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Certified Copy	<input type="checkbox"/>	Photo Copy	<input type="checkbox"/>	Transcript of Account	<input type="checkbox"/>
<b>\$3.00 Charge</b>		<b>\$3.00 Charge</b>		<b>No Charge</b>	
<b>Per Return</b>		<b>Per Return</b>			

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Total Enclosed

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

**FULL PAYMENT MUST ACCOMPANY THIS REQUEST  
THE TAX DIVISION DOES NOT MAIL TO THIRD PARTIES**