



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF REVENUE  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908-5800

## RI T-79 APPLICATION FOR ESTATE TAX WAIVER

Name of Decedent :	Date of Death :	
Decedent's Address :		
City :	State :	Zip Code :

Has Form 100 been filed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Assessment Number :	
Number of shares or face amount of bond :	Name of Company :	Held in the name of :

**A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH COMPANY**

**THIS FORM SHOULD BE TYPED AND SUBMITTED IN DUPLICATE**

<p><b>FOR OFFICIAL USE ONLY</b></p> <p>This is to certify that authority is hereby given to transfer the above described property belonging to the estate of the above named decedent.</p> <p style="text-align: center;">_____ Tax Administrator</p>
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**VALID ONLY WHEN SEAL AFFIXED**