

Form RI-4506

Request for Copy of Tax Return(s)

Name as shown on return			Federal employer identification number/social security number		
Current address of taxpayer					
Address 2			Telephone number		
City, town or post office		State	ZIP code	E-mail address	

Request for Copy of Tax Return(s)

Tax Type:

Corporate Income Tax:

Tax Form: _____

Tax Year(s): _____

Personal Income Tax:

Tax Form: _____

Tax Year(s): _____

Spouse's social security number: _____

Estate Tax:

Tax Form: _____

Tax Year(s): _____

Date of death: _____

Full payment must accompany this request.

Copy charge: \$1.00 per page

Minimum copy charge: \$3.00 per tax return

Amount enclosed: \$ _____

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

The Tax Division does not mail to third parties.

Requested tax return(s) will be mailed to the current address noted above.

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

Applicant signature	Print name	Title	Date