

State of Rhode Island and Providence Plantations

## **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	
	Dogwoot	for Conv. of Tov	(Detumals)	
Request for Copy of Tax Return(s)				
Tax Type:				
Corporate Income Tax:				
Tax Form:				
Tax Year(s):			<u>-</u>	
Personal Income Tax:				
Tax Form:				
Tax Year(s):				
Spouse's social se	ecurity numbe	r:		
Estate Tax:				
Tax Form:				
Tax Year(s):				
Date of death:				
		must accompai	ny this request.	
Copy charge: \$1.00 pe Minimum copy charge:		x return		
		Amount	enclosed: \$	
Make check payable to: Rhod	le Island Divi	sion of Taxation,	One Capitol Hill, Pro	vidence, RI 02908
			I to third parties. current address no	ted above
	` '		d above and all attachments.	
Applicant signature	Pr	int name	Title	Date