

Form RI-5000

Request for Copies of Audit Workpapers



13170299990101

Name of taxpayer			Federal employer identification number		
Address 1					
Address 2			Telephone number		
City, town or post office		State	ZIP code	E-mail address	

Request for Copies of Audit Workpapers

Tax Type: _____

Date of Deficiency Determination (Bill): _____

Tax Year(s): _____

Full payment must accompany this request.

Copy charge: \$0.50 per page

Number of pages: _____

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 copies of audit workpapers for the deficiency determination noted above.

Applicant signature	Print name	Title	Date