

State of Rhode Island Division of Taxation

**Form RI-CTCOI**

Change of Information Form for Child Tax Rebate Only

Name (As Filed with Tax Year 2021 RI-1040/1040NR or 2021 RI-1040H)			Social Security Number		
Spouse's Name (As Filed with Tax Year 2021 RI-1040/1040NR or 2021 RI-1040H)			Spouse's Social Security Number		
Address (As Filed with Tax Year 2021 RI-1040/1040NR or 2021 RI-1040H)			Effective date of change		
Address 2			MM/DD/YYYY		
City, town or post office		State	ZIP code	E-mail address	

**Enter Changed Information ONLY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Contact name: \_\_\_\_\_

**\* IF NAME WAS CHANGED, A COPY OF THE UPDATED SOCIAL SECURITY CARD IS REQUIRED TO VERIFY THIS CHANGE**

**Account Verification Information:**

- Rhode Island Modified Federal AGI from line 3 of Form RI-1040 or RI-1040NR or page 1, line 1b of Form RI-1040H. 1. \_\_\_\_\_
- Filing Status on Form RI-1040 or RI-1040NR. 2. \_\_\_\_\_
- Number of Exemptions from line 6 of Form RI-1040 or RI-1040NR or number of persons in your household from page 1, line 1f of Form RI-1040H. 3. \_\_\_\_\_

**IF THE INFORMATION PROVIDED DOES NOT MATCH THE FILED RETURN,  
OUR OFFICE WILL CONTACT THE TAXPAYER TO COMPLETE THE ADDRESS UPDATE**

Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, accurate and complete.

Signature	Print name	Date	Telephone number
Spouse's Signature	Print name	Date	Telephone number