

**Form RI-4506**

Request for Copy of Tax Return(s)



13200299990101

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