

State of Rhode Island Division of Taxation
Form RI-4829
 Limited Purpose - Income Tax Confidentiality Waiver

Taxpayer's name		Taxpayer's social security number	
Address	City, town or post office	State	ZIP code
Spouse's name		Spouse's social security number	
Address	City, town or post office	State	ZIP code

Dependent's name	Dependent's social security number	Telephone number	
Address	City, town or post office	State	ZIP code

THE BELOW INFORMATION MUST BE COMPLETED IN ITS ENTIRETY

I/We, (list both filers, if applicable) _____,
 hereby waive any and all confidentiality pertaining to tax information under Rhode Island Law for the limited purpose of
 allowing the Rhode Island Division of Taxation to provide information to _____ (Dependent)
 as to my/our Rhode Island personal income tax filing for the tax year preceding the date of this waiver.

Taxpayer's signature	Date	Telephone number
Spouse's signature	Date	Telephone number
<input type="checkbox"/> appeared this day before a notary public and executed this waiver as a voluntary act and deed		
Signature of notary	Date	

NOTARIAL SEAL: