RI-8453
R.I. INDIVIDUAL INCOME TAX DECLARATION
FOR ELECTRONIC FILING
2005

PART I

TAX RETURN INFORMATION

1. Federal AGI (RI-1040 line 1) 1.
2. RI Tax (RI-1040 line 8) 2.
3. Total Income Tax (RI-11 line 10) 3.
4. RI Income Tax withheld (RI-1040 line 18a) 4.
5. Amount to be refunded (RI-1040 line 20) 5.
6. Amount you owe (RI-1040 line 19) 6.

PART II

DECLARATION OF TAXPAYER

☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2005 RI income tax return
☐ If I have a filed joint return, this is irrevocable appointment of the other spouse as agent to receive the refund
☐ I do not want direct deposit of my refund or I am not receiving a refund.

Sign here

Your Signature Date Spouse’s Signature Date

If a Joint return, BOTH must sign

PART III

DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO)

I declare that I have reviewed the above taxpayer’s return and that the entries on form RI-8453 accurately reflect the data on the return. I have obtained the taxpayer’s signature with a copy of all forms and information to be filed with the State of RI, and have followed all other requirements described in IRS Publication 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2005).

If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer’s return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct and complete. This declaration is based on all information of which the preparer has knowledge.

SIGNATURE Social Security Number

[Date]

PAID PREPARER?

[Date]

SELF EMPLOYED?

[Date]

[Signature] Social Security Number

[Address]

ERO’S USE ONLY

DATE

SIGNATURE Social Security Number

FIRM NAME E.I. No.

FIRM ADDRESS ZIP CODE

[Date]

PAID PREPARER’S USE ONLY

[Date]

SIGNATURE Social Security Number

FIRM NAME E.I. No.

FIRM ADDRESS ZIP CODE

[Date]

Under penalties of perjury, I declare that I have examined the above taxpayer’s return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer based on information which the preparer has knowledge.

[Date]

SIGNATURE Social Security Number

FIRM NAME E.I. No.

FIRM ADDRESS ZIP CODE

[Date]