

STATE OF RHODE ISLAND  
DIVISION OF TAXATION  
REQUEST FOR COPY OF INCOME TAX RETURN(S)

Name(s) and address of taxpayer(s)  
as shown on tax return: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current address of taxpayer(s)  
if different from above: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Tax: **Personal Income Tax**  
Tax Form Number: \_\_\_\_\_  
Tax Year(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Certified Copy  Photo Copy  Transcript of Account   
**\$3.00 Charge** **\$3.00 Charge** **No Charge**  
**Per Return** **Per Return**

This is a request for a copy of the above form(s) and all attachments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Total Enclosed

Make check payable to: Rhode Island Division of Taxation  
One Capitol Hill  
Providence, RI 02908-5800

**FULL PAYMENT MUST ACCOMPANY THIS REQUEST  
THE TAX DIVISION DOES NOT MAIL TO THIRD PARTIES**