



**State of Rhode Island**  
**Department of Revenue**  
**Division of Taxation**  
**Field Audit Section**  
**One Capitol Hill**  
**Providence, RI 02908-5800**

**APPLICATION FOR SALES TAX EXEMPTION FOR ARTISTIC WORKS**

Please Print or Type			
Federal employer identification number or social security number	Home telephone number		
Name (of business or, if incorporated, corporate name)	Business telephone number		
Business name (if different than above)	Sales tax permit number		
Business address	City	State	ZIP code
Residence address (include apt., office or unit number, if applicable)	City	State	ZIP code
Mailing address (include apt., office or unit number, if applicable)	City	State	ZIP code
Email address			
<b>Description of artistic work(s) for which exemption is sought:</b>	<b>DIVISION OF TAXATION USE ONLY</b>		
	<b>EXEMPTION NUMBER</b>		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Attach additional schedules if necessary.			
Under penalty of perjury, I certify that I am (check one) <input type="checkbox"/> a resident of the State of Rhode Island, or <input type="checkbox"/> an art gallery located in the State of Rhode Island, and that the artistic work(s) will be sold from the business address shown above.			
Print or type name	Title		
Signature	Date		
<b>NOTE:</b> If application for exemption is made by an individual eligible for an income tax modification, a <b><i>Certification of Residency</i></b> within a specified district as outlined in RIGL 44-30-1.1, issued by the applicable city must be submitted with this application.			