

DECLARATION CONTROL NUMBER (DCN)

00 - [ ] - [ ] - 3

|   |   |           |                                 |
|---|---|-----------|---------------------------------|
| USE RI LABEL<br>OTHERWISE PLEASE<br>PRINT OR TYPE | YOUR FIRST NAME AND INITIAL                       | LAST NAME | YOUR SOCIAL SECURITY NUMBER     |
|   | IF A JOINT RETURN, SPOUSE'S FIRST NAME AN INITIAL | LAST NAME | SPOUSE'S SOCIAL SECURITY NUMBER |
|   | HOME ADDRESS (NUMBER AND STREET)                  | APT. NO.  | TELEPHONE NUMBER (OPTIONAL)     |
|   | CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE     |           | ( )                             |
|   |   |           |                                 |

**RI-8453 R.I. INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING 2002**

**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-1040 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 2002 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** Under penalties of perjury, I declare that the information I have provided to my electronic return originator (ERO) and the amounts shown in Part I above agree with the amounts shown on the corresponding lines of my 2002 Rhode Island income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return, this declaration, and accompanying schedules and statements be sent to the State of RI by my ERO. If I have filed a balance due return, I understand that if the State of RI does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. **If I have filed a joint Federal and state tax return and there is an error on my return, I understand my state return will be rejected. If the processing of my return or refund is delayed, I authorize the Division of Taxation to disclose to my ERO and or the transmitter the reason(s) for the delay, or when the refund was sent.**

\_\_\_\_\_  \_\_\_\_\_  
 Your Signature Date Spouse's Signature. If a joint return, BOTH must sign Date

**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 reflects 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 2002). 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 any knowledge.

|                |              |      |   |   |
|----------------|--------------|------|---|---|
| ERO'S USE ONLY | SIGNATURE    | DATE | PAID PREPARER? <input type="checkbox"/> | SELF EMPLOYED? <input type="checkbox"/> |
|                | FIRM NAME    |      |   | Social Security Number                  |
|                | FIRM ADDRESS |      |   | E.I. No.                                |
|                |              |      |   | ZIP CODE                                |

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 correct and complete. Declaration of preparer based on information which which the preparer has knowledge.

**PAID PREPARER'S USE ONLY**

|              |      |                        |
|--------------|------|------------------------|
| SIGNATURE    | DATE | SELF EMPLOYED?         |
| FIRM NAME    |      | Social Security Number |
| FIRM ADDRESS |      | E.I. No.               |
|              |      | ZIP CODE               |