

Form RI-4506

Request for Copy of Tax Return(s)

Name as shown on return			Federal employer identification number/social security number		
Current address of taxpayer					
Address 2			Telephone number		
City, town or post office		State	ZIP code	E-mail address	

Request for Copy of Tax Return(s)

Tax Type:

Corporate Income Tax:

Tax Form: _____

Tax Year(s): _____

Personal Income Tax:

Tax Form: _____

Tax Year(s): _____

Spouse's social security number: _____

Estate Tax:

Tax Form: _____

Tax Year(s): _____

Date of death: _____

Full payment must accompany this request.

Copy charge: \$1.00 per page

Minimum copy charge: \$3.00 per tax return

Amount enclosed: \$ _____

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

**The Tax Division does not mail to third parties.
Requested tax return(s) will be mailed to the current address noted above.**

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

Applicant signature	Print name	Title	Date