DECLARATION CONTROL NUMBER (DCN)

0 0- ☐☐☐☐☐☐☐ - ☐☐☐☐☐ - 8

USE RI LABEL OTHERWISE PLEASE 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

2008

PART I   **TAX RETURN INFORMATION**

1.	Federal AGI (RI-1040, line 1)	1.
2.	Rhode Island Tax (RI-1040, line 8)	2.
3.	Total Rhode Island Income Tax (RI-10, line 10)	3.
4.	Rhode Island 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 2008 RI income tax return. If I have 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 2008 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 Rhode Island by my ERO. If I have filed a balance due return, I understand that if the State of Rhode Island 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

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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 Rhode Island, and have followed all other requirements described in IRS Publication 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2008). 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.

		DATE	PAID PREPARER?		SELF EMPLOYED?	
ERO'S USE ONLY	SIGNATURE				Social Security Number	
	FIRM NAME				E.I.N. No.	
	FIRM ADDRESS				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 of which the preparer has knowledge.

		DATE		SELF EMPLOYED?	
PAID PREPARER'S USE ONLY	SIGNATURE			Social Security Number	
	FIRM NAME			E.I.N. No.	
	FIRM ADDRESS			ZIP CODE	