

DECLARATION CONTROL NUMBER (DCN)

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Form with fields for 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 2007

PART I TAX RETURN INFORMATION

Table with 2 columns: Line number (1-6) and Description (Federal AGI, RI Tax, Total Income Tax, RI Income Tax withheld, Amount to be refunded, Amount you owe).

PART II DECLARATION OF TAXPAYER

- I consent that my refund be directly deposited as designated in the electronic portion of my 2007 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 2007 Rhode Island income tax return.

Signature lines for Your Signature and Spouse's Signature. If a Joint return, BOTH must sign.

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 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 2007) 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.

Form for ERO'S USE ONLY with fields for SIGNATURE, FIRM NAME, FIRM ADDRESS, DATE, PAID PREPARER?, SELF EMPLOYED?, Social Security Number, 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.

Form for PAID PREPARER'S USE ONLY with fields for SIGNATURE, FIRM NAME, FIRM ADDRESS, DATE, SELF EMPLOYED?, Social Security Number, E.I. No., ZIP CODE.