

State of Rhode Island and Providence Plantations
Form PW - COVID 19
 Coronavirus Hardship Penalty Waiver Request

Name			Federal employer identification/social security number	
Address			For the period ending:	
Address 2			Phone number	
City, town or post office	State	ZIP code	E-mail address	

If you received an interest and penalty assessment as a result of a Coronavirus Disease 2019 (COVID-19) related hardship, complete this penalty waiver request form and mail it, along with a copy of the assessment(s) and payment of any tax and interest, to the RI Division of Taxation.

Select the tax type(s) for which you received an assessment and the amount for which you are requesting a waiver. Check all that apply.

Tax Type	Penalty
<input type="checkbox"/> Withholding Tax	
<input type="checkbox"/> Sales Tax	
<input type="checkbox"/> Meals and Beverage Tax	
<input type="checkbox"/> Hotel tax	
<input type="checkbox"/> Personal Income Tax	
<input type="checkbox"/> Corporate Income Tax	
<input type="checkbox"/> Other: Enter type _____	
Total for all tax types:	

Please provide an explanation for this request as it relates to the Coronavirus Disease 2019 (COVID-19):
 (attach statement if additional space is needed)

Send your completed Coronavirus Hardship Penalty Waiver Request form along with a copy of any assessments and payment of any tax and interest to:

RI Division of Taxation
One Capitol Hill
Providence, RI 02908
Attn: COVID-19 Hardship

Under penalties of perjury, I declare that I have examined this request form and accompanying statements, and to the best of my knowledge and belief it is true, accurate and complete. I further certify that I qualify for the relief requested and acknowledge that I may be subject to civil and criminal penalties imposed by law, including, but not limited to, R.I. Gen. Laws § 44-1-37(a), if the information contained in this form is not true and accurate. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code
			PTIN

May the Division of Taxation contact your preparer? YES