

RI-4506

STATE OF RHODE ISLAND  
DIVISION OF TAXATION  
REQUEST FOR COPY OF INCOME TAX RETURN(S)

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Name(s) of taxpayer(s) as shown on tax return:

Current address of taxpayer(s):

Telephone Number:

Type of Tax: **Personal Income Tax**

Tax Form Number:

Tax Period(s):

Social Security Number:

Spouse's Social Security Number:

Certified Copy  or Photo Copy

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

Signature

Date

Spouse's Signature (if applicable)

Date

**COPY CHARGE = \$3.00 PER TAX RETURN**

Total Enclosed

Make check payable to: Rhode Island Division of Taxation  
One Capitol Hill  
Providence, RI 02908-5800

**FULL PAYMENT MUST ACCOMPANY THIS REQUEST  
THE TAX DIVISION DOES NOT MAIL TO THIRD PARTIES  
PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE  
THE ENVELOPE ADDRESS MUST BE THE SAME AS THE CURRENT ADDRESS ABOVE**