

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

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

Current address of taxpayer(s)
if different from above: _____

Telephone Number: _____

Type of Tax: **Personal Income Tax**
Tax Form Number: _____
Tax Year(s): _____

Social Security Number: _____
Date of Birth: _____

Spouse's Social Security Number: _____
Date of Birth: _____

Certified Copy Photo Copy Transcript of Account
\$3.00 Charge **\$3.00 Charge** **No Charge**
Per Return **Per Return**

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

Signature

Date

Spouse's Signature (if applicable)

Date

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