

YOUR FIRST NAME AND INITIAL		LAST NAME		YOUR SOCIAL SECURITY NUMBER	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND 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 2011

PART I TAX RETURN INFORMATION	
1. Federal AGI	1.
2. RI Tax	2.
3. Total Income Tax	3.
4. RI Income Tax withheld	4.
5. Amount to be refunded	5.
6. Amount you owe	6.

PART II DECLARATION OF TAXPAYER

I consent that my refund be directly deposited as designated in the electronic portion of my 2011 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 authorize the Rhode Island Department of Revenue and its designated financial agent to initiate an electronic funds withdrawal to my financial institution account designated in the electronic portion of my 2011 personal income tax return and my financial institution to debit my account

ROUTING TRANSIT NUMBER	DEBIT DATE	
DEPOSITOR ACCT NUMBER	TYPE OF ACCT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
NAME OF BANK		

IF I HAVE FILED A BALANCE DUE RETURN, I UNDERSTAND THAT IF THE RI DEPARTMENT OF REVENUE DOES NOT RECEIVE FULL AND TIMELY PAYMENT OF MY TAX LIABILITY I WILL REMAIN LIABLE FOR THE TAX AND ALL INTEREST AND PENALTY. I FURTHER UNDERSTAND THAT IF THE ACH TRANSACTION IS REJECTED BY MY FINANCIAL INSTITUTION DUE TO INSUFFICIENT FUNDS OR BECAUSE THE INCORRECT BANKING INFORMATION WAS TRANSMITTED WITH MY RI ELECTRONIC RETURN, I WILL BE SUBJECT TO INTEREST AND PENALTIES.

I HAVE VERIFIED ALL BANK ACCOUNT INFORMATION _____ (INITIAL)

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 2011 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 RI by my ERO. If I have filed a balance due return, I understand that if the State of RI 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 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

PART III DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) and/or PAID PREPARER

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 RI, and have followed all other requirements described in IRS Publication 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2011). 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? <input type="checkbox"/>	SELF EMPLOYED? <input type="checkbox"/>
SIGNATURE		Social Security Number
FIRM NAME		E.I. No.
FIRM ADDRESS		ZIP CODE

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