



**State of Rhode Island and Providence Plantations**  
**Department of Revenue**  
**Division of Taxation**  
**Field Audit Section**  
**One Capitol Hill**  
**Providence, RI 02908-5800**

**APPLICATION FOR SALES TAX EXEMPTION FOR ARTISTIC WORKS**

Please Print or Type			
Federal employer identification number or social security number	Home telephone number		
Name (of business or, if incorporated, corporate name)	Business telephone number		
Business name (if different than above)	Sales tax permit number		
Business address	City	State	ZIP code
Residence address (include apt., office or unit number, if applicable)	City	State	ZIP code
Mailing address (include apt., office or unit number, if applicable)	City	State	ZIP code
Email address			
<b>Description of artistic work(s) for which exemption is sought:</b>	<b>DIVISION OF TAXATION USE ONLY</b>		
	<b>EXEMPTION NUMBER</b>		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Attach additional schedules if necessary.			
Under penalty of perjury, I certify that I am a (resident)/(art gallery located) within the defined economic development zone and that the artistic work(s) will be sold from the business address shown above.			
Print or type name	Title		
Signature	Date		
<b>NOTE:</b> If application for exemption is made by an individual, a <b><i>Certification of Residency</i></b> within the defined economic development zone issued by the applicable city must be submitted with this application.			