State of Rhode Island and Providence Plantations

Form RI-4292

Application for Award of Litigation Expenses

14104588880101

Claimant name			Federal employer identification number
Address			Sales tax permit number
Address 2			
City, town or post office	State	ZIP code	E-mail address

APPLICATION FOR AWARD OF LITIGATION EXPENSES

Date(s) of Adjudicatory Proceeding _____

Date of Final Decision _____

Name of Presiding Adjudicative Officer _____

Claimant must provide the following information when filing this application:

1) A statement that it qualifies as a "party" pursuant to RIGL 42-92-2(5);
2) A summary of the legal and factual basis for filing the claim;
3) A detailed breakdown of the reasonable litigation expenses incurred in the adjudicatory proceedings, including copies of all invoices, bills, affidavits, etc., in support thereof. If all such invoices relating to the adjudicatory proceeding have not been received by the claimant at the time this claim is filed, a statement must be made to that effect, listing those persons/firms from whom an invoice or bill is expected.

THIS APPLICATION AND ATTACHMENTS MUST BE FILED IN DUPLICATE AND MUST BE FILED WITHIN THIRTY (30) DAYS OF THE DATE OF THE FINAL DECISION ISSUED BY THE TAX ADMINISTRATOR.

MAIL COMPLETED APPLICATION AND ATTACHMENTS TO:
DAVID M. SULLIVAN, TAX ADMINISTRATOR
RI DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

Under penalties of perjury, I declare that I have examined this application and attachments, and to the best of my knowledge and belief, they are true, accurate and complete.

Claimant signature	Print name	Date	Telephone number

SUBSCRIBED AND SWORN BEFORE ME AT _____, ON THIS _____ DAY OF _____, 20_____

_____
NOTARY PUBLIC

DRAFT 11/10/2014