



State of Rhode Island and Providence Plantations

Department of Revenue
 Division of Taxation
 One Capitol Hill
 Providence, RI 02908-5800

TAX AMNESTY APPLICATION

(General information and instructions on back)

Rhode Island has established a Tax Amnesty Program beginning on September 2, 2012 and ending November 15, 2012. Civil and criminal penalties will be waived for a taxpayer who applies for amnesty during the amnesty period and pays the full amount of tax and seventy-five (75%) percent of interest computed from the original due date to the actual date of payment.

Section I: Type or Print Name, Mailing Address and Tax Identification Number.

Taxpayer name		Social security # or federal identification #	Sales tax permit #
Spouse's name (if joint income tax application)		Spouse's social security #	
Business name (if different from above)			
Mailing address (include apt., office or unit #, if any)			
City, town, or post office		State	ZIP Code
In case additional information is needed, provide a name (if different from the taxpayer listed above) and telephone number where we may reach you weekdays between the hours of 8:30 a.m. and 4:00 p.m.			Name
			Telephone number

Section II: Indicate Tax Period, and Amounts Due for Each Period

A	B		C	D	E
Tax type	Period of return		Enter tax amount	Enter interest amount	Enter Total Add Columns C + D
	Beginning	Ending			
1.					
2.					
3.					
4.					
5.					
6.					
Check box <input type="checkbox"/> if you are attaching any continuation sheets to this form.	Totals				
	Total from continuation sheet				
	Original Amount Due				
	Interest at 75%				
Total Amnesty Amount Due					

Section III: Sign this application

Under penalties of perjury, I declare that I have examined this form, including any accompanying returns and schedules, and to the best of my knowledge they are correct and complete. I also declare that to the best of my knowledge I am not under criminal investigation, or a party to any civil or criminal litigation pending in any court of the United States or the State of Rhode Island for fraud relative to any state tax collected by the Tax Administrator.

I apply for the amnesty on the items listed above, and enclose a payment of : \$ _____

Signature of taxpayer or authorized agent	Date
Spouse's signature (if joint income tax application)	Date
Title of authorized agent	
If corporation, signature of authorized officer	Date
Title	