



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF REVENUE
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908-5800

RI T-79 APPLICATION FOR ESTATE TAX WAIVER

Name of Decedent :	Date of Death :	
Decedent's Address :		
City :	State :	Zip Code :

Has Form 100 been filed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Assessment Number :	
Number of shares or face amount of bond :	Name of Company :	Held in the name of :

A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH COMPANY

THIS FORM SHOULD BE TYPED AND SUBMITTED IN DUPLICATE

FOR OFFICIAL USE ONLY

This is to certify that authority is hereby given to transfer the above described property belonging to the estate of the above named decedent.

Tax Administrator

VALID ONLY WHEN SEAL AFFIXED