

## State of Rhode Island

Division of Taxation **-Field Audit Section**-One Capitol Hill
Providence, RI 02908-5800

## Application for Sales Tax Exemption for Artistic Works

Please Type or Print					
Federal Employer Identification # or Social Security # Hom			Home Phone #		
		- w/			
Name (of Business or Corporate Name if Incorporated)			Business Telephone #		
Business Name (if different than above)			Sales Tax Permit #		
Business Address		City	State	Zip Code	
Residence Address (include Ap	t., Office or Unit # if any)	City	State	Zip Code	
Mailing Address (include Apt., 0	Office or Unit # if any)	City	State	Zip Code	
			FOR O	FFICE USE ONLY	
Description of Artistic Work(s) for which Exemption is sought:				EXEMPTION #	
1					
2					
3		-			
4	•				
5					
6					
7					
Attach additional sheets if necessary					
l certify, under penalty of	perjury, that I am a (resident	t)/(art gallery located) withi	n the defined economic o	development	
zone and that the artistic work(s) will be sold from the business address shown above.					
	gnature(s) of Applicant(s)		Title		
Pr	int or type name(s)				
NOTE:  If application for exemption is made by an individual, a Certification of Residency within the defined economic development zone issued by the applicable City must be submitted with this application.					
FAW-1 8/98					