



Department of Labor and Training EMPLOYER TAX DIVISION

1511 Pontiac Avenue, Cranston, RI 02920, Telephone: (401) 574-8700, option 2

Claim for Refund of Temporary Disability Tax

IMPORTANT - Please read instructions before completing

1. Name (First, Middle Initial, Last): _____ Full Social Security Number: _____

Address (Number and Street): _____

City/Town: _____ State: _____ Zip Code: _____

2. Enter the calendar year for which a refund is being claimed, filing date, your signature and telephone number. I hereby apply for a refund of taxes paid in excess during the calendar year _____ to the RI Temporary Disability Insurance Fund. I certify that the facts presented including the attached W-2, are true to the best of my knowledge and belief.

Date: _____ Signature: _____ Telephone: _____

3. IMPORTANT - Attach a copy of federal form W-2 for each employer listed

Company Telephone:	
Company Name:	
FEIN:	
Street + Number	
City/State/Zip:	Wage:

Company Telephone:	
Company Name:	
FEIN:	
Street + Number	
City/State/Zip:	Wage:

Company Telephone:	
Company Name:	
FEIN:	
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Company Name:	
FEIN:	
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City/State/Zip:	Wage:

Company Telephone:	
Company Name:	
FEIN:	
Street + Number	
City/State/Zip:	Wage:

IMPORTANT INFORMATION

1. Refunds can only be requested for the calendar years of 2025, 2024, and 2023.
2. This form should only be completed if during a prior calendar year you worked for two or more Rhode Island registered employers. The refund will be based on the amount of wages in excess of the taxable wage base to the Rhode Island Temporary Disability Insurance Fund. Those wage bases are as follows: 2025 - \$89,200.00, 2024 - \$87,000.00, 2023 - \$84,000.00,
3. A separate Claim For Refund Form must be completed for each year a refund is requested.
4. Spouses cannot combine wages and must file a separate Claim For Refund Form.
5. The Rhode Island Temporary Disability Insurance Act does not allow a refund of under one dollar to be processed.

IMPORTANT INSTRUCTIONS

1. Complete all of the information in section 1 and section 2. The *Claim For TDI Refund Form* cannot be processed without this information.
2. Check to make sure the calendar year and your telephone number is correct.
3. List each employer for whom you worked during the calendar year in section 3. Enter the employer name, FEIN, address, telephone number and wages paid. List only Rhode Island registered employers from whom you received wages on which Rhode Island Temporary Disability Taxes were paid.
4. Attach a copy of a completed Federal Form W-2 with wages in box 1 for each employer you listed. Each employer must have a different Federal Identification Number. W-2 Forms must be legible and will not be returned.
5. Please review your *Claim for TDI Refund Form* and sign it before mailing. If all information is not provided, your refund will be delayed.
6. Return completed form to:

**RI Dept. of Labor and Training - Employer Tax Unit
1511 Pontiac Avenue
Cranston, RI 02920**