



STATE OF RHODE ISLAND  
Rhode Island Department of Labor and Training  
**EMPLOYER TAX DIVISION**  
1511 Pontiac Avenue, Cranston, RI 02920  
Telephone: (401) 574-8700, option 1

TX-10 (Rev. 08/23)

### Temporary Disability Insurance Refund Form

DATE: \_\_\_\_\_

I, \_\_\_\_\_ have received a refund from my  
employer \_\_\_\_\_. The refunded amount  
was \$\_\_\_\_\_, for excess Temporary Disability Insurance deductions taken  
from my payroll.

My total earnings for the year: \_\_\_\_\_ .

Employee Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

1511 Pontiac Avenue, Cranston, RI 02920-0942  
Tel.: (401) 574-8700 | Fax: (401) 574-8940 | TTY Relay via 711  
<https://dlt.ri.gov/employers/employer-tax-unit>