



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

(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>