

REQUEST FOR SUBSTITUTE FORMS APPROVAL

SDC		Date of Submission	
Company Logo			Shannon Herin Forms Team Analyst -- Vendor Liasion Kansas Department of Revenue 120 SE 10th Ave 3rd Floor Topeka, KS 66625-3506 Phone: 785-296-6691 Fax: 785-296-2736 Email: KDOR_Vendorformscontact@ks.gov

The following forms are submitted for approval as a substitute form to be used in lieu of the official state form. List each form separately below.	Please Check one <input type="checkbox"/> Original <input type="checkbox"/> Resubmit
---	--

State Form Number	Form Name and Page Number (if required)	Approved as Submitted	Not Approved (Correct and Resubmit)
1		<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2		<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------

Comments:

3		<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------

Comments:

4		<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------

Comments:

5		<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------

Comments:

6		<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------

Comments:

7		<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------

Comments:

Reviewer Information	Signature: _____ Title: _____ Date: _____
-----------------------------	---