

# REQUEST FOR SUBSTITUTE FORMS APPROVAL

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

The following forms are submitted for approval as a substitute form to be used in lieu of the official state form. <b>List each form separately below.</b>			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:					
<b>Reviewer Information</b>	Signature: _____ Title: _____ Date: _____				