

2019 REQUEST FOR SUBSTITUTE FORMS APPROVAL

Date Submitted:	Date Returned:
Company: Address: Phone: Fax: Rep Name: Email: NACTP Vendor ID: Alabama Vendor ID:	icforms.officer@revenue.alabama.gov Alabama Department of Revenue Gordon Persons Building Room 4227 50 North Ripley Street Montgomery, AL 36132

Please check one: <input type="checkbox"/> Stand Alone Application <input type="checkbox"/> Web Based Application <input type="checkbox"/> Both <input type="checkbox"/> Forms Only	Please check one: <input type="checkbox"/> Original <input type="checkbox"/> Resubmit
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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.**

STATE FORM NUMBER	INTERNAL VENDOR NO. (IF APPLICABLE)	FORM NAME AND PAGE NUMBER (IF REQUIRED)	APPROVED AS SUBMITTED	APPROVED WITH CORRECTIONS	NOT APPROVED (CORRECT AND RESUBMIT)	RESUBMIT WITH CORRECTIONS BY:		
						FAX	EMAIL	MAIL
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								

Reviewer Information

Signature:	Title:	Date:
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