

## IRS - OMB REVIEW REQUEST FORM

Request for OMB review of currently approved document:

Date:

Name:

Office Symbols:

Phone Number:

### Summary of Changes

### Impact on Approved Collection

| Public Law No.        | Regulation No. | Other       |                 | <u>Change In IRS Form &amp; Instructions</u> |         |             |
|-----------------------|----------------|-------------|-----------------|----------------------------------------------|---------|-------------|
|                       |                |             | Code References | No. of Filers                                | Words   | Attachments |
| SAMPLE:<br>PL 109-567 | REG-345675-08  | RP 2009-134 | +/- 5           | +/- 20,000                                   | +/- 500 | +/- 1       |
|                       |                |             |                 |                                              |         |             |
|                       |                |             |                 |                                              |         |             |
|                       |                |             |                 |                                              |         |             |
|                       |                |             |                 |                                              |         |             |
|                       |                |             |                 |                                              |         |             |
|                       |                |             |                 |                                              |         |             |

\*Please insert how this new (PL, REG, or other), document will affect the currently approved collection.