

# 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	Code References	<i><u>Change In IRS Form &amp; Instructions</u></i>		Attachments
				No. of Filers	Words	
SAMPLE: 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.

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**Additional Information:**