IRS - OMB REVIEW REQUEST FORM

Request for OMB review of current	ly approved document:
Date:	Name:
	Office Symbols:
	Phone Number:
Su	mmary of Changes

Impact on Approved Collection

Public Law No.	Regulation No.	Other		Change In Ik & Instruc				
			Code References	No. of Filers	Words	Attachments		
SAMPLE: PL 109-567	REG-345675-08	RP 2009-134	+/- 5	+/- 20,000	+/- 500	+/- 1		
- E				Data Unknown-				
` \				changes does				
				not increase the				
				number of				
				taxpayers.				
				-				

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

IRS - OMB REVIEW REQUEST FORM

Request for OMB review of currently approved document:		(Continued)	
Date:	Name:		
	Office Symbols:		
	Phone Number:		
Additional Information:			