

**PAPERWORK REDUCTION ACT
CHANGE WORKSHEET**

Agency/Subagency
DHS/USICE

OMB control number
1 6 5 3 - 0 0 4 8

Enter only items that change

	Current record	New record
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Agency form number(s)

73-028

Annual reporting and recordkeeping hour burden

Number of respondents

Total annual responses

Percent of these responses collected electronically

%

%

Total annual hours

Difference

0

Explanation of difference

Program change

Adjustment

Annual reporting and recordkeeping cost burden (in thousands of dollars)

Total annualized Capital/Startup costs

Total annual costs (O&M)

Total annualized cost requested

0.00

0.00

Difference

0.00

Explanation of difference

Program change

Adjustment

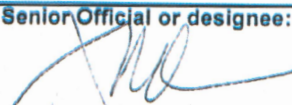
Other changes**

Add one word or one question on form OMB No. 1653-0048 to clarify the question. The information requested is the same. Question 10 will change from "Secretary of State ID Number" to "Secretary of State Business ID Number."

Signature of Senior Official or designee:

Date:

For OIRA Use



12/19/12

**This form cannot be used to extend an expiration date.