PAPERWORK REDUCTION ACT SUBMISSION Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503. 1. AGENCY/SUBAGENCY ORIGINATING REQUEST 2. OMB CONTROL NUMBER b. NONE 4. TYPE OF REVIEW REQUESTED (X one) 3. TYPE OF INFORMATION COLLECTION (X one) a. REGULAR SUBMISSION a. NEW COLLECTION b. EMERGENCY - APPROVAL REQUESTED BY: b. REVISION OF A CURRENTLY APPROVED COLLECTION c. DELEGATED c. EXTENSION OF A CURRENTLY APPROVED COLLECTION 5. SMALL ENTITIES Will this information collection have a significant economic d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY impact on a substantial number of small entities? APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY 6. REQUESTED EXPIRATION DATE APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED a. THREE YEARS FROM APPROVAL DATE f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER b. OTHER: 7. TITLE 8. AGENCY FORM NUMBER(S) (if applicable) 9. KEYWORDS 10. ABSTRACT 11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") 12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X") a. INDIVIDUALS OR HOUSEHOLDS d. FARMS a. VOLUNTARY b. BUSINESS OR OTHER FOR-PROFIT e. FEDERAL GOVERNMENT b. REQUIRED TO OBTAIN OR RETAIN BENEFITS c. NOT-FOR-PROFIT INSTITUTIONS f. STATE, LOCAL OR TRIBAL GOVERNMENT c. MANDATORY 13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN 14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars) a. NUMBER OF RESPONDENTS a. TOTAL CAPITAL/STARTUP COSTS b. TOTAL ANNUAL COSTS (O&M) b. TOTAL ANNUAL RESPONSES (1) Percentage of these responses collected electronically c. TOTAL ANNUALIZED COST REQUESTED c. TOTAL ANNUAL HOURS REQUESTED d. CURRENT OMB INVENTORY d. CURRENT OMB INVENTORY e. DIFFERENCE (+, -) f. EXPLANATION OF DIFFERENCE: e. DIFFERENCE (+, -) f. EXPLANATION OF (1) Program change (+, -) (1) Program change (+, -) DIFFERENCE: (2) Adustment (+, -) (2) Adustment (+, -) 16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply) 15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") a. RECORDKEEPING b. THIRD PARTY DISCLOSURE a. APPLICATION FOR BENEFITS c. REPORTING: e. PROGRAM PLANNING b. PROGRAM EVALUATION OR MANAGEMENT (2) Weekly (1) On Occasion (3) Monthly f. RESEARCH c. GENERAL PURPOSE STATISTICS (4) Quarterly (5) Semi-Annually (6) Annually g. REGULATORY OR d. AUDIT (7) Biennially (8) Other (Describe) 17. STATISTICAL METHODS 18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission) Does this information collection employ statistical methods? b. TELEPHONE NUMBER (Include area code) a. NAME YES NO

OMB CONTROL NUMBER	TITLE			
-				
19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS				
a. PROGRAM OFFICIAL CERTIFIC Type name	ATION (Internal DOC Use Only)		Date	
On behalf of this Federal complies with 5 CFR 132	agency, I certify that the collection of in	formation encompassed	by this request	
NOTE: The text of 5 CFF instructions. <i>The certificatinstructions</i> .	R 1320.9, and the related provisions of 5 ation is to be made with reference to the	CFR 1320.8(b)(3), appose regulatory provisions	pear at the end of the s as set forth in the	
The following is a summa certification covers:	ary of the topics, regarding the proposed	collection of information	n, that the	
(a) It is necessary for the	proper performance of agency functions	;		
(b) It avoids unnecessary	duplication;			
(c) It reduces burden on small entities;				
(d) It uses plain, coherent, and unambiguous language that is understandable to respondents;				
(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;				
(f) It indicates the retention periods for recordkeeping requirements;				
(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:				
(i) Why the information is being collected;				
(ii) Use of information	n;			
(iii) Burden estimate;				
(iv) Nature of response (voluntary, required for a benefit, or mandatory);				
(v) Nature and extent of confidentiality; and				
(vi) Need to display cı	urrently valid OMB control number;			
(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);				
(i) If applicable, it uses effective and efficient statistical survey methodology; and				
(j) It makes appropriate u	(j) It makes appropriate use of information technology.			
If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.				
b. SENIOR OFFICIAL OR DESIGNEE Type name	CERTIFICATION		Date	
Турстать			Date	

ONED CONTROL MUNABED				
0607 - 0112	Quarterly Summary of State and Local Government Tax Revenues			
19. CERTIFICATION FOR PA	APERWORK REDUCTION ACT SUBMISSIONS			
	FICATION (Internal DOC Use Only)	T_		
Nancy A. Potok, Deputy Direct	tor and Chief Operating Officer	Date 6 16/16		
On behalf of this Federa complies with 5 CFR 13	al agency, I certify that the collection of inform 320.9.	nation encompassed by this request		
NOTE : The text of 5 Clinstructions. <i>The certificinstructions</i> .	FR 1320.9, and the related provisions of 5 CF ication is to be made with reference to those r	R 1320.8(b)(3), appear at the end of the regulatory provisions as set forth in the		
The following is a summ certification covers:	nary of the topics, regarding the proposed colle	ection of information, that the		
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(i) Why the information is being collected;				
(ii) Use of information;				
(iii) Burden estimate;				
(iv) Nature of respon	(iv) Nature of response (voluntary, required for a benefit, or mandatory);			
(v) Nature and extent of confidentiality; and				
(vi) Need to display currently valid OMB control number;				
(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);				
(i) If applicable, it uses	(i) If applicable, it uses effective and efficient statistical survey methodology; and			
(j) It makes appropriate use of information technology.				
If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.				
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 SENIOR OFFICIAL OR DESIGNED Type name 	E CERTIFICATION	Date		
Jennifer Jessup, Departmental Pa	perwork Clearance Officer	×		