

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 & Instructions</u>			
			Code References	No. of Filers	Words	Attachments
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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(Continued)

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Additional Information: