Reset Form | Print Form

Form **5529**

Missouri Department of Revenue

Request for Substitute Forms Approval

Company Remitting Forms	NACTP Vendor Code ___ ___ ___ ___
Contact Person	E-mail Address

Please select one:	Please select one:
❒ Stand Alone Application ❒ Web Based Application ❒ Both ❒ Forms Only	❒ Original ❒ Resubmit

The following forms are submitted for approval as a substitute form to be used in lieu of the official state form. **List each form separately below.**

State Form Number	Internal Vendor No. (if applicable)	Form Name and Page Number (if required)	Approved as Submitted	Approved with Corrections	Not Approved (Correct and Resubmit)
			❒	❒	❒
Comments:					
			❒	❒	❒
Comments:					
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Comments:					

Reviewer Information Signature _____ Date __ __ / __ __ / __ __ __ __