



Missouri Department of Revenue  
**Letter of Intent for Substitute Tax Forms**

Company or Individual's Name		Identification Code (Alpha Char.)	
Company Representative or Manager		Phone Number (____) _____ - _____	Vendor ID Code (4-Digit Number)
Fax Number (____) _____ - _____	E-mail Address		
Product Name	Are you a secondary software company for substitute forms? <input type="checkbox"/> Yes <input type="checkbox"/> No	What company is supplying the forms to you? (primary software company)	
Street Address			
City	State	Zip Code	
Technical Support Phone Number (____) _____ - _____		Customer Services Phone Number (____) _____ - _____	

The Department of Revenue prescribes the format of income tax returns, schedules, statements, and declarations as provided in [Section 143.971, RSMo](#). The Department has established guidelines for substitute and reproduced income tax forms for developers of computer software, computer tax processors, computer programmers, commercial printers, business forms companies and others who plan to market or distribute substitute income tax forms in any manner. These guidelines are at <http://dor.mo.gov/vendors/>.

**Applicant's Certification:**

I hereby certify that I am a duly-appointed representative of the company listed above and that we will comply with the policies, procedures, and guidelines published by the Department concerning the development and reproduction of substitute tax forms that are produced in any way by products sold or offered by this company.

I agree that this company will:

1. Develop substitute tax forms or products that produce tax forms in accordance with the [Guidelines](#) issued by the Department;
2. Submit substitute tax forms to the Department for review and written approval before releasing any substitute tax forms or any products that produce such forms to customers or clients;
3. Promptly correct errors in the company's products and substitute tax forms and provide the Department with proofs (as described in the Department's Guidelines) showing that the company has corrected the errors and notified customers or clients of the corrections;
4. Identify all substitute tax forms by the company identification code shown above.

Failure to follow the guidelines may result in completed tax forms being rejected by the Department.

<b>Sign</b>	Signature (Required)	Title	Date (MM/DD/YYYY)
			____ / ____ / _____

Form 4349 (Revised 09-2014)

**Mail to:** Missouri Department of Revenue  
 Forms Group  
 301 West High St Room 225  
 Jefferson City, MO 65101

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