



MISSOURI DEPARTMENT OF  
**REVENUE**  
 Request for Substitute Forms Approval

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

Please select one: <input type="checkbox"/> Stand Alone Application <input type="checkbox"/> Web Based Application <input type="checkbox"/> Both <input type="checkbox"/> Forms Only	Please select one: <input type="checkbox"/> Original <input type="checkbox"/> Resubmit
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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)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

**Reviewer Information** | Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_