DEPARTMENT OF REVENUE

2020 Transmittal for Substitute Form Approval

Date Sent: _____ **Provider ID:** _____ **Contact Name:** _____ **Contact Phone:** _____ **Name of Company:** _____ **Product Name:** _____ **FEIN:** _____ **ETIN:** _____ **Fax:** _____ **Email Address:** _____	**Email forms and transmittal for approval to:** Efile.FormApproval@state.mn.us
Check One: ☐ **Original** ☐ **Resubmit**	

Minnesota Forms	Approved		Must Resubmit		Comments
	Yes	No	Yes	No	