

# 2008 LETTER OF INTENT

## Identifying Intent to Abide by the Guidelines for Substitute Oklahoma Tax Commission Forms

This document is created and required for computerized tax processors, software producers,  
and others who develop substitute copies of Oklahoma Tax Commission forms.

As a duly appointed representative of \_\_\_\_\_ I hereby state  
my intent to abide by the policies, procedures and guidelines published by the Oklahoma Tax Commission concerning the  
development and production of substitute tax forms which are produced in any way.

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 Oklahoma Tax Commission.
2. Submit substitute tax forms to the Oklahoma Tax Commission for review and written approval before releasing any substitute tax forms or any products that produce such forms to customers, or clients, and resubmit after any changes if requested.
3. Promptly correct errors in the company's products and substitute tax forms and provide the Oklahoma Tax Commission with proof that the company has corrected the errors.
4. Identify all substitute forms by the company identification number shown below, and place the company identification number in the lower left hand corner of all forms it produces.

I further agree that the Oklahoma Tax Commission may include the name of this company in various public information material designed to inform tax practitioners and the public about vendors of computerized tax processing services and substitute tax forms who have agreed, complied, or failed to comply with the policies, procedures, and guidelines published by the Oklahoma Tax Commission. I have read, understand, and intend to abide by the guidelines established by the Oklahoma Tax Commission.

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Name of Contact Person (if different from Representative)

\_\_\_\_\_  
Email Address

NACTP Vendor Code or OK Code \_\_\_\_\_

Support Oklahoma 2-D Barcode?  Yes  No  Individual  Corporate

If yes please give Vendor Code: \_\_\_\_\_