

EARLY REMITTANCE REQUEST

HOLDER INFORMATION

Holder Information:		Tax/FEIN Number:	
Mailing Address:			
City:	State:		Zip:
Contact Person:		Phone Number:	
Mailing Address:			
QUEST INFORMATION			
What type of properties are you requesting to be submitted early?:		What is the dorn	nancy of the properties?:
		Has due diligend	e been performed?:
		☐ Yes ☐ No	
Reason for Request:			
RTIFICATION			
I am requesting to file early. I annually according to dormar remittance.			
Name:	Title:		Email:
Signature:			Date of Request:
	OFFICIAL	USE ONLY	
Request Accepted? Received By:			Date Received:



☐ Yes ☐ No