Form	45	64
(Rev.	June	1988)

Subject

SAIN number Submitted to:

Dates of previous requests

Please return Part 2 with listed documents to requester identified below Description of documents requested

To: (Name of Taxpayer and Company Division or Branch)

Information due by		At next appointment	Mail in	
	Name and title of requester		Employee ID number	Date
From:				
	Office location			Telephone number
/				
Catalog No. 23145K				Form <b>4564</b> (Rev. 6-1988)