

# Exhibit B

# Substitute Forms Checksheet

## Checksheet of IRS Substitute Forms

Submitted on:

Enter the following information:

Company:

Contact:

Phone:

Fax:

Source Code:

[illegible]

Authorized Name: \_\_\_\_\_

Title: \_\_\_\_\_

Reviewer's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_