

Amendment Request Coversheet

Fax To: 678-807-5262

Please do not fax anything to this number but Amendments and Prior Year requests.

Complete all boxes in this section	Branch #	Your Name		Office Fax #	
	-				
	Taxpayer Na	ame	Taynayer	Taxpayer SSN	
	Taxpayer Ivanie		Tuxpuyer 3314		
3					
Reason for Amendment					
Select the Tax Year for this request: ☐ 2023					
□ 2022					
	□ 2021				
INSTRUCTIONS:					
If ATS prepared the original return, we will need:					
 Any documents pertaining to the amendment 					
If ATS did not prepare the original return, we will need:					
	$\ \square$ A full copy of the original return				
	 All income forms and supporting documents 				
	Any documents pertaining to the amendment				
	Taxpayer Information Sheet				
	EIC Due Diligence Sheet				
	Dependent Information Sheet (if applicable)				
	Dependent Due Diligence Interview Sheet (if applicable)				
☐ Health Insurance Interview Sheet (Required for Tax Years 2014-2018)					
We cannot begin processing this request unless we have all the above information.					
Cash/Check receipt # Debit transaction/Ref #					
No payment required					