



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 Name	Taxpayer SSN	
		- -	

Reason for Amendment

Select the Tax Year for this request: 2024
 2023
 2022

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:

- 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 _____