



# 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	<b>Branch #</b>	<b>Your Name</b>	<b>Office Fax #</b>
	<b>Taxpayer Name</b>	<b>Taxpayer SSN</b>	
		- -	

<b>Reason for Amendment</b>

- Select the Tax Year for this request:
- 2023
  - 2022
  - 2021
  - 2020

## 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 \_\_\_\_\_