



CITY OF ATLANTA  
 DEPARTMENT OF FINANCE | OFFICE OF REVENUE | BUSINESS TAX DIVISION 55  
 TRINITY AVENUE, S.W. – SUITE 1350 ATLANTA, GEORGIA 30303 PHONE: (404)  
 330-6270 | EMAIL: [BIZTAX@ATLANTAGA.GOV](mailto:BIZTAX@ATLANTAGA.GOV)



**AMENDMENT FORM**

Changes in gross revenue and the number of employees reported may affect the business tax due.

PLEASE NOTE:

- You are required to include copy of the business' federal and state tax return (i.e. GA Form 600) for the prior year(s) amended.
- Use a separate form for each year amended (limited to current year's estimate and three (3) prior years only).

**Account Information:**

Legal Business Name/DBA \_\_\_\_\_ Business License #: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Year to be Amended \_\_\_\_\_

Gross Revenue (Dollar Amount) Amending \_\_\_\_\_

Number of Employees Amending \_\_\_\_\_

Does this business hold an alcohol license? YES ( ) NO ( )

Provide explanation in detail with dates for this request:

\_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*

**ACKNOWLEDGEMENT AND CONFIRMATION**

I declare under penalty of making false declaration, that I am authorized to complete this form and to the best of my knowledge and belief, it is a true, correct and complete statement made in good faith. It is understood that the amending this account shall in no way relieve the owners of this business from prompt payment of taxes due the City currently, or in the future, from being paid.

\_\_\_\_\_  
 Signature Title Date

