



AMENDMENT FORM

CITY OF ATLANTA
DEPARTMENT OF FINANCE | OFFICE OF REVENUE | BUSINESS TAX DIVISION
55 TRINITY AVENUE SW, SUITE 1350, ATLANTA, GEORGIA 30303
PHONE: (404) 330-6270 | EMAIL: REVENUECOMPLIANCE@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).
- **Failure to submit Tax returns constitute an automatic denial of this request.**

Account Information:

Legal Business Name/DBA: _____ Business License #: _____

Business Physical Address: _____

Email Address: _____ Phone: _____

Years 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.

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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 of 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

Revised 12/2020

