



# FAX

Date \_\_\_\_\_

Number of pages (including cover sheet) \_\_\_\_\_

TO: Ultimate Tax Service

FAX #: 1-866-448-6670

FROM: \_\_\_\_\_

City / State: \_\_\_\_\_

Taxpayer's Last Name: \_\_\_\_\_

EFIN: \_\_\_\_\_

Taxpayer's SSN: \_\_\_\_\_

If UTS prepared or e-filed the return originally: **Collect \$60 Upfront**

If UTS did not prepare or e-file the return originally: **Collect \$120 Upfront**

Re: AMENDED TAX RETURN COVER SHEET

\*You must fax a copy of the taxpayer's original Federal and State Tax Returns filed!

Taxpayer's Current Mailing Address: \_\_\_\_\_

Client was originally a (please circle):      Self Prepared EF      or      Tax Prep

Tax Year(s) To Be Amended: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Reason why the return needs to be amended (please be very specific): \_\_\_\_\_

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