

**CITY OF ATLANTA**  
**DEPARTMENT OF FINANCE – OFFICE OF REVENUE**  
55 TRINITY AVENUE SW, SUITE 1350  
ATLANTA, GA 30303  
(404) 330-6270

**AMENDMENT FORM:**  
**BUSINESS TAX REGISTRATION CERTIFICATE FORM**

Date: \_\_\_\_\_

In order to correct your Business Tax Registration Certificate record, it will be necessary for you to submit an amended Tax Registration Certificate form. Please include your actual gross revenue and actual number of employees for the period of time operated in the City of Atlanta. Please include a copy of your state tax return (i.e. GA Form 600) for the year in question and prior years tax return unless you are amending the current year's estimate. Use a separate amendment form for each year (limited to current year's estimate and two (2) prior years).

Please print or type the following information in its entirety and mail to the City of Atlanta Office of Revenue at the above address.

- ❖ License Number: \_\_\_\_\_
- ❖ Year to be amended: \_\_\_\_\_
- ❖ Business Name: \_\_\_\_\_
- ❖ Business Location Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- ❖ Revenue (Dollar Amount) Amending: \_\_\_\_\_
- ❖ Employees Amending: \_\_\_\_\_

Give reason for this request:

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

Sworn to and subscribed before  
me this the \_\_\_\_ day of \_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

For Office Use Only

Return To: \_\_\_\_\_ Date: \_\_\_\_\_