



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 | WEB: [WWW.ATL311.COM](http://WWW.ATL311.COM)



**AMENDMENT FORM**

This form is used to amend gross receipts and/or number of employees of an existing City of Atlanta business license. There is no fee for amending a return. However, it is important to note that 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' state tax return (i.e. GA Form 600) for the prior year(s) amended.
- If you are amending current year's estimates, your business' state tax return is not required.
- Use a separate form for each year amended (limited to current year's estimate and two (2) 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 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 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