

FAX COVER SHEET
TO THE OFFICES OF
THE IRS

To the Care of:	
Fax #:	
Date:	
Pages:	
Case Type:	<input type="checkbox"/> New <input type="checkbox"/> Ongoing

From:	
Fax #:	
Phone #:	
Address:	

Tax Filer:	
ID #:	
Case #:	
Form(s) Attached:	
Form(s) Requested:	
Delivery Type:	<input type="checkbox"/> Expedited (fee) <input type="checkbox"/> Normal (deadline)
Confirmation By:	