

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:	_____