Intuit Payroll

REQUEST FOR TAX AMENDMENT

Company or Account Number _____ Company Name _____

FEIN _____ Contact Name _____

E-mail Address _____

Phone Number _____ Fax Number _____

USE ONE FORM PER CORRECTION/EMPLOYEE. ENTER FULL NAMES FOR EMPLOYEES.

Employee Information

Employee Number _____

Employee Name _____

Correction Periods

Year(s) to be corrected _____

Quarter(s) to be corrected _____

Adjustment Type (check the applicable box)

- ☐ **Increase** (add checks)
- ☐ **Decrease** (void checks)
- ☐ **Deferred Comp** (401k, 403b, 125 Plan, etc)
- ☐ **Fringe Benefit** (GTLI, auto reimb, etc)
- ☐ **Third Party Sick Pay** (prior years only)
- ☐ **Federal Tax** (FICA tax over-deducted, etc)
- ☐ **1099** (1099 contractor issued a W2, etc)
- ☐ **Cancel Returns**
- ☐ **State Tax**
- ☐ **Local Tax**
- ☐ **Prior Service Payroll**
- ☐ **Visa**

Correction Details

-enter the adjustment amounts for Increase, Decrease, Deferred Comp, Fringe Benefit, Third Party Sick, Federal Tax & 1099

Check date _____

Gross Pay	$	State SDI/SUI	$
Federal W/H	$	Other Deduction 1	Type $
FICA	$	Other Deduction 2	Type $
Medicare	$	Nontaxable Addition 1	Type $
Work State W/H	$	Nontaxable Addition 2	Type $
Residence State W/H	$	Net pay*	$

*"Net pay" is the payment or benefit value the employee received. When adding earnings a "gross-up" must be processed if the payment was issued for the earnings before taxes (see "Employee's Portion of Taxes Paid by Employer" in IRS Publication 15A). Mandatory taxes (FICA, Medicare, State SDI/SUI) will be used to calculate "gross-ups". If you wish to also pay voluntary (withholding) taxes, write "CALCULATE" in the Federal W/H and/or State W/H fields.

Social Security Number (SSN) Correction Details

Incorrect SSN _____

Correct SSN _____

Visa Correction Details

Visa Type (F1, J1) _____

Effective Date _____

State Tax Correction Details

Correct Work (UI) State _____

Correct Residence (W/H) State _____

Effective Date _____

Local Tax Correction

Correct Work Locality _____

Correct Residence Locality _____

Effective Date _____

Reason for Adjustment:

_____

Additional Information or Correction Details

-additional pages can be attached to your request if more space is required

_____

_____

Fees - Please refer to fee schedule

I authorize my payroll services provider to amend tax returns and W2s as necessary based upon the information provided above. I understand my payroll service will not be held responsible for any possible penalties and interest, and will not be responsible if any information provided is incorrect or falsified.

Authorized Signature _____ Title _____

Print Name _____ Date _____

For assistance, please contact an Amendment Specialist at 800-422-8800, ext. 88092, or e-mail us at complete_amendment@intuit.com. The Amendment Department will contact you via e-mail or telephone within 7-10 business days of receipt of the fax to provide your amendment case information.

COMPLETE, SIGN AND FAX TO: **800-555-6153** ATTN: **COMPLETE AMENDMENT DEPT.**