FAX

Tax documents

Date _____

Pages (with cover) _____

TAX MATTER		Do not write an SSN or EIN on this sheet.
Taxpayer name		**IRS office or unit**
Form number	**Tax year or period**	**IRS notice or letter no.**

TO		**FROM**	
Name	_____	**Name**	_____
Agency	_____	**Phone**	_____
Fax	_____	**Email**	_____

Subject _____

☐ Urgent ☐ For review ☐ Please comment ☐ Please reply ☐ Please recycle

Comments

Free template from faxfair.com