

Fax Cover Sheet

To: _____ FROM: _____
DATE: _____
AmEx Fax #: _____ Total Pgs: 2
AmEx Phone #: _____ Sender's Fax #: _____
RE: _____ Your 15 Digit Account Number:
37 _____

URGENT, PLEASE REPLY

Instructions for completing this American Express Fax Cover Sheet

1. Fill out the FROM field with your name as it appears on your card.
2. Fill out your 15 digit account number (this is used for internal processing, your account number is not given to a third party)

Instructions for completing the Blank 4506T Form

1. Please refer to your copy of the tax return you filed for accuracy. Information you provide must match IRS files, or the documents obtained may be insufficient and your account could be canceled.
2. Please write legibly. Ensure typed form has a readable font size. Do not write or type your account number on the 4506T, or make corrections by whiting or crossing out (you must print out a new form). These will cause the 4506T to be rejected and could result in cancellation.
3. Complete lines 1-4 per the instructions on the 4506T for those lines
4. Complete line 6. Line 6 must contain the name of the form you filed. Box 6C should be checked already.
5. Leave lines 5,7,8 blank
6. Line 9 must be completed as requested. Please do not add years not requested. Use mm/dd/yyyy format. If you are asked to fill in multiple years, please ensure you use the correct format mm/dd/yyyy for each date (place dates on separate lines)
7. If you filed using a Tax ID instead of your Social Security Number, please put your Tax ID number in the Social Security Number filed. Names and socials must be on corresponding lines for the IRS to accept this document.
8. Sign and date the 4506T (if filling out for your business, please write your title under your signature).

After completing instructions for the American Express Cover sheet and Blank 4506T Form, return BOTH of the completed forms to: 1 800 219 8549. Once the forms are received, they will be processed in 5-7 business days. If you have questions regarding your review, please call 1800-230-1289 and enter your account manager's five digit extension to avoid long wait times.

If this facsimile is illegible, please call the phone number listed above. If you do not call it is assumed that it was received satisfactorily.

IMPORTANT NOTICE:

This facsimile contains privileged and confidential information intended only for the use of the individual or entity named above. If the reader of the facsimile is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any use, dissemination or copying of the facsimile is strictly prohibited. If you have received the facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via the U.S. Postal Service Thank you.