

Taxpayer Support Final Warning Notice Response Form

Remit to email: support@avenuinsights.com
Toll Free Phone: 800-556-7274
Toll Free Fax: 844-528-6529

Please complete the following information:

Account No.: _____ Municipality: _____

Business Name: _____

Owner's Name: _____

Doing Business As: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Ownership Type (Choose One):

- Sole Proprietorship General Partnership Corporation LLP
 LLC Single Member LLC Multi Member Governmental Agency
 Professional Association Other (please explain) _____

FEIN/SS#: _____ Business Phone: _____

Business Email: _____

Filing Period in Questions: _____

(Listed on your reminder notice)

Please check one:

- No Sales for Period Listed
 Occasional Filer
 Filed Incorrect Period:
(Explain)

- Other (Explain):

I declare under penalties of perjury that the above information is to the best of my knowledge and belief, a true and accurate statement.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Email Address: _____ Phone: _____