

PO Box 830725
Birmingham, AL 35283-0725



Occupational Withholding Tax Annual Reconciliation Report

Toll Free Phone: (800) 556-7274
Toll Free Fax: (844) 528-6529
Email: rdssupport@avenuinsights.com
Website: www.avenuinsights.com

Remittance address:
Avenu Tax Remittance Department
PO Box 830725
Birmingham, AL 35283-0725

Business Name & Address:

Telephone # (____) _____

Contact Name: _____

Avenu Account No.: _____

FEIN or SSN#: _____

Enter your check amount here.

\$ _____

Make Check Payable to: Tax Trust Account

This Annual Reconciliation Report is being submitted for: (check one below) Year: _____

<input type="checkbox"/> 9406 Attalla	<input type="checkbox"/> 9349 Hackleburg	<input type="checkbox"/> 7044 Macon Co	<input type="checkbox"/> 9702 Shorter	<input type="checkbox"/> 9625 Tarrant
<input type="checkbox"/> 9756 Beaverton	<input type="checkbox"/> 9000 Haleyville	<input type="checkbox"/> 9375 Midfield	<input type="checkbox"/> 9046 Southside	
<input type="checkbox"/> 9024 Guin	<input type="checkbox"/> 9359 Hamilton	<input type="checkbox"/> 9677 Mosses	<input type="checkbox"/> 9392 Sulligent	

Month End / Period Covered	Total # of Employees Recorded	Total Taxable Wages for Employees	Total Occupational Tax Withheld from Employees' Wages	Total Tax Remitted	Difference Owed (if any)
January 31 st		\$	\$	\$	\$
February 28 th		\$	\$	\$	\$
March 31 st		\$	\$	\$	\$
April 30 th		\$	\$	\$	\$
May 31 st		\$	\$	\$	\$
June 30 th		\$	\$	\$	\$
July 31 st		\$	\$	\$	\$
August 31 st		\$	\$	\$	\$
September 30 th		\$	\$	\$	\$
October 31 st		\$	\$	\$	\$
November 30 th		\$	\$	\$	\$
December 31 st		\$	\$	\$	\$
Total Tax Withheld for Year		\$	\$	\$	\$

Note: A copy of this form must be filled out on or before January 31st. Any discrepancy between the total amount withheld and the total amount remitted must be fully explained in an attached statement. Please enclose payment for difference owed, if any.

Additional Amount Due (if any) \$ _____

Sign your return and remit payment along with completed form to the remittance address indicated above.

I declare under penalties of perjury that the above information and any accompanying schedules are to the best of my knowledge and belief, a true and accurate statement for the period indicated.

Printed Name: _____ Signed: _____ Date: _____

Telephone #: _____ Email Address: _____

FORM DISCLAIMER: Please note that the administration and rate changes on the Avenu Advisory and Avenu tax forms are updated once the required information has been received, verified, and validated in compliance with Avenu policy. Any information received before or after the publication of an Avenu Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. Avenu is not responsible for incorrect information and/or improper use of the information provided. All updates are completed on a timely basis once the requirements have been met. For the most current Avenu administration and/or rate information provided, please visit our website at www.avenuinsights.com.

RETURNED CHECK DISCLAIMER: When you make a payment by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your checking account according to the terms of your check or to process that transaction as a check. When we use your check to make an electronic fund transfer, funds may be withdrawn from your checking account the same day we receive your payment, and you will not receive your check back from your financial institution. If there are insufficient funds in your checking account, you authorize us to charge a Returned Payment Fee as applicable in the amount set forth by law and collect that amount through an electronic fund transfer from your checking account, if permitted by applicable law. If another payment method is returned unpaid, by your bank, we may, if permitted by applicable law, charge a Returned Payment Fee.