

# Taxpayer Support Change Information Form

Remit to email: [support@avenuinsights.com](mailto: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: \_\_\_\_\_

## Change Information

Changes Needed on Account:

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When did this change take place?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_