

Taxpayer Support Request to Close Account 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: _____

Closing Information

Date of Closing: _____

Reason for Closing: _____

New owners' contact information (If Business Has Been Sold):

Name: _____ Phone: _____

Address: _____

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: _____