

# Taxpayer Support Past Due Reminder Response 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: \_\_\_\_\_

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: \_\_\_\_\_