

Occupational Tax Return



Business Name & Address:

Telephone # (____) _____

Contact Name: _____

FEIN: _____

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

Enter your check amount here.

\$ _____
Make Check Payable to: Tax Trust Account

Avenu Account #:

Avenu Internal Code 66-66

Please Mark the Period you are Filing on This Return

Filing for Tax Period: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec Year: **20** _____

NOTE: This return must be postmarked by the 20th of the following month to be considered timely and avoid late penalties.

Jurisdiction Code	Jurisdiction	# of Employees REQUIRED	Gross Wages	Deductions	Taxable Earnings	Tax Rate	Tax Due	Penalty & Interest	Net Tax Due
9406	Attalla					2%		10% Penalty; 6% interest per annum; \$1.00 minimum per employee	
9756	Beaverton					1%		10% Penalty; 6% interest per annum	
9137	Birmingham					1%		10% Failure to File (min \$50) 10% Failure to Pay (min \$3) 1% interest per month	
9024	Guin					1%		10% Penalty; 6% interest per annum	
9349	Hackleburg					1%		10% Penalty; 12% interest per annum; \$10.00 minimum	
9359	Hamilton					1%		10% Penalty; 12% interest per annum; \$10.00 minimum	
9401	Leeds					1%		10% Penalty; 12% interest per annum; \$1.00 minimum	
7044	Macon County					1%		5% Penalty; 12% interest per annum; \$250.00 minimum	
9375	Midfield					1%		10% Penalty; 12% interest per annum; \$3.00 minimum	
9677	Mosses					1%		10% Penalty for 1 st month; Additional 2% for each month or part of month after; Max 28%;	
9702	Shorter					1%		10% Penalty; 6% interest per annum; \$1.00 minimum	
9046	Southside					2%		10% Penalty; 8% interest per annum; \$10.00 minimum	
9392	Sulligent					1%		10% Penalty; 18% interest per annum; \$50.00 minimum	
9625	Tarrant					1/2%		10% Penalty; 12% interest per annum; \$25.00 minimum	
	Total Due								

I declare, under penalties of perjury, that this return (and any accompanying schedules) has been examined by me and to the best of my knowledge is true, correct and complete.

Signed: _____ Date: _____

Print Name _____ Email Address _____ Telephone # _____

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.