To file an amendment, the taxpayer should print the return from their filing history, strikethrough the incorrect numbers, write in the correct numbers, and mail that to Avenu, along with either a refund petition or a paper check, based on whether they over- or underpaid. See next page for refund petition.

Avenu Avenu, LLC Attn: Refunds-TX PO Box 830725 Birmingham, AL 35283 Phone (866) 240-3665

Email: supportmuni@avenuinsights.com



Avenu Refund Petition

Remit Completed Form with Documentation to: Avenu, LLC

Attn: Refunds-TX

PO Box 830725 • Birmingham, AL 35283

Phone (866) 240-3665 • Email: supportmuni@avenuinsights.com

Refund Petition Instructions:

Your petition **must be documented**. The petitioner(s) should attach invoices, receipts, check copies, accrual records, copies of original returns, copies of amended returns and other documentation to the petition sufficient to provide an audit trail. If invoice copies are not attached, then a schedule of the invoices providing invoice date, invoice number, and invoice amount should be attached. Additional documentation may be requested by Avenu as deemed necessary before a decision can be granted on a refund request.

Failure to complete the Avenu refund petition properly or to include sufficient documentation supporting your refund claim will delay the processing of your request. **Note: Separate petitions are required for each individual municipality.**

Ducines Information] Joint [] Direct					
Business Information:	Avenu Accour	Avenu Account #		FEIN/SSN		
Legal Business Name or Guest N		Business DBA				
Mailing Street Address		City	State	Zip		
Physical Street Address		City	State	Zip		
Total Refund Requested:		(0	City/Town: _ Circle One)	(Name of City	//Town)	
Explain in detail the	he reason(s) for I	refund claim (attach additio	nal pages	if necessary):	
Signatures: A joint petition. The undersigned hereby masaid undersigned to the Tax undersigned to the Tax Trust amount due or was paid three.	akes an application Trust Account as t st Account are belie	for refund for t tax payment for eved to have be	he above refere the municipalit	nced amou	nt for taxes paid by ve. Taxes paid by said	
Petitioner's Name (Property)		Petitioner's	Petitioner's Name (Guest)			
Avenu Account #	Telephone #	Petitioner's	Signature			
Petitioner's Signature/Title		Petitioner's	Email Address			
Petitioner's Email Address		Mailing Add	ress			
Mailing Address		City		State	Zip	
City St	ate Zip		Date Sigr	ned		
Date Signed						

If you have any questions about the Refund Petition requirements, please contact Taxpayer Support at (866) 240-3665 or by emailing supportmuni@avenuinsights.com.