

CITY OF LOS ANGELES – BUSINESS TAX APPLICATION AB63

Reference:

Completed applications should be emailed to finance.customerservice@lacity.org or mailed to City of Los Angeles, Office of Finance/Tax and Permit Division P.O. Box 53478, Los Angeles, CA 90053-0478.

Business Type (check one): Individual Partnership LLC Corporation Trust

Please print or type:

Legal Name: _____

Do not use DBA (fictitious name) here

Social Security No. (SSN) - OR - Federal Employer Identification No. (FEIN): _____

(NOTE: SSN/FEIN is confidential and not part of any public record)

Business Address: _____

Do not use P.O. Box here Street Address City State Zip Code
Please check appropriate box Commercial Location Residence

Business Name (DBA): _____

Care Of (C/O): _____

Mailing Address:

If different from Business Address Street Address or P.O. Box City State Zip Code

Description of Business: _____

(Provide in Detail) _____

LA Starting Date of Business: Month _____ Day _____ Year _____

LA Ending Date of Business (if applicable): Month _____ Day _____ Year _____

Gross Receipts*:

Business activity**/Date activity started

Calendar Year Gross Receipts:

2012 2013 2014 2015 2016 2017 2018 2019

Please Note: A minimum business tax may be due based on your business activity(ies) for the first year of operation.

*If your business is located within the City of Los Angeles and a portion of your gross revenue is derived from outside the City, or your business is located outside the City and a portion of your gross revenue is derived from inside the City, then applicable apportionment formulas may reduce your tax liability.

**Due to the large number of various business activities described under Section 21.41 to 21.197 of the Business Tax Ordinance, it is not practical to list each separately. For specific activities and rates, contact the Office of Finance or visit our website (www.lacity.org/finance).

I declare, under penalty under the laws of the State of California, that to the best of my knowledge the foregoing is true, correct and complete.

Signature _____ Date _____

Title _____

Daytime Telephone Number _____ Email Address _____