

**CITY OF LOS ANGELES – BUSINESS TAX APPLICATION** AB 63 REF « ACCT\_ID

For assistance in completing this form, please contact or visit any of our offices listed on the cover letter. Completed applications should be mailed to the address note on the reverse side.

- If you already have a Business Tax Registration Certificate: Enter the account number and complete only the legal name and signature box below, including daytime telephone number. **Tax Registration Certificate Account Number:** \_\_\_\_\_
- If you **do not** have a Business Tax Registration Certificate: Provide applicable information requested below including signature box and daytime telephone number. You will be billed via mail. If you prefer, you can have your tax liability calculated for you over the telephone and remit payment with this form (on reverse side) or you can visit any of our offices for assistance in registration and payment.
- If you believe you are not subject to City of Los Angeles business tax, please refer to the reverse side of this application; check appropriate box and complete applicable section. Complete signature box, including daytime telephone number and return.

**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)

**Starting Date of Business:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Gross Receipts\*:**

Business activity\*\*/Date activity started

Calendar Year Gross Receipts:

2011                      2012                      2013                      2014                      2015                      2016                      2017                      2018

**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.finance.lacity.org).

<b>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.</b>	
Signature _____	Date _____
Title _____	
Daytime Telephone Number _____	Email Address _____