Please Renew Online at finance.lacity.org

CITY OF LOS ANGELES

Care Of: _________________________________
Legal Name: _________________________________
Business Address: _________________________________
Mailing Address: _________________________________

PLEASE FOLD SO THAT LOWER CITY OF LOS ANGELES ADDRESS SHOWS THROUGH RETURN ENVELOPE WINDOW

COMMUNICATIONS USERS TAX STATEMENT

ACCOUNT NUMBER | FUND/CLASS CODE | PERIOD | OUT OF BUSINESS DATE | DATE DUE | DELINQUENT AFTER
--- | --- | --- | --- | --- | ---

PLEASE COMPLETE THE FOLLOWING TAX INFORMATION. THE TAX RATE IS 9% OF THE TAXABLE CHARGES.

1. Enter **intrasate** taxable charges for the period indicated above. $ ____________________
2. Enter **interstate/international** taxable charges for the period indicated above. $ ____________________
3. Enter **VoIP** taxable charges for the period indicated above. $ ____________________
4. Enter **Total Prepaid Services** charges for the period indicated above. $ ____________________
4A. Enter **Prepaid Services** taxable charges for the period indicated above. $ ____________________
5. Enter **Private Communication Services**, such as T-1 lines, taxable charges for the period indicated above. $ ____________________
6. Enter other taxable charges for the period shown above. $ ____________________
7. *Enter total taxable charges for the period shown above (sum of lines 1, 2, 3, 4A, 5 & 6). (BASIS FOR TAX) $ ____________________
8. Multiply Line 7 by 9% (0.09) $ ____________________
9. Enter interest, if delinquent (see the second page). $ ____________________
10. Enter penalty, if delinquent (see the second page). $ ____________________
11. Enter total tax, interest and penalty due (the sum of lines 8, 9 and 10). **PAY THIS AMOUNT** $ ____________________

*Must include, but is not limited to: usage charges for VoIP, Private Communications Services (such as T-1 lines), custom calling features, text messaging, instant messaging, ancillary services, prepaid and post-paid services, paging services and 800 services as well as other covered charges such as monthly service fees, feature charges, equipment rentals, deaf trust surcharges, State PUC users fees, Universal Life Trust Fund, late payment charges and charges for non taxable services billed together with taxable services.

Please make a copy of your completed form for your records. Return original with your payment.

<table>
<thead>
<tr>
<th>Payment by:</th>
<th>Check</th>
<th>Money Order</th>
<th>MasterCard</th>
<th>Visa</th>
<th>ACH</th>
<th><strong>No Split Payments</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name on Card (Print)</td>
<td>_________________________________</td>
<td>Acct #</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>Exp Date</td>
</tr>
<tr>
<td>Amount Paid</td>
<td>$ ____________________</td>
<td>Authorized Signature</td>
<td>_________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fee Disclosure: All Visa Debit Card payments will be assessed a flat fee of $3.95 per transaction with a maximum allowed payment amount of $1,200. All other Credit or Debit Card payments will be assessed a fee equal to 2.7% of the payment amount with a minimum fee of $3.95. This fee will be assessed to the same Credit/Debit card provided above.

**Payments of $50,000 or more require ACH (see reverse)**

Make check or money order payable to: Office of Finance, City of Los Angeles

Your check or money order must be drawn on United States banks only. Please write your account number on your payment.

**ATTENTION – PLEASE READ**

Non-financial information such as name, business address, etc., contained in your City of Los Angeles tax and permit records, is subject to public disclosure under provisions of the California Public Records Act, Government Code Section 6250 et seq. If you are engaged in a home-based business, your residential information is also subject to public disclosure if that location is utilized for business purposes.

I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE _________________________________ DATE ___________ TITLE ___________________________ DAYTIME PHONE (____) ________

IF THERE HAS BEEN A NAME, ADDRESS, OR OWNERSHIP CHANGE, PLEASE COMPLETE THE SECOND PAGE AND THE FORM ABOVE, COMPUTING THE TAX FOR THE LAST PERIOD OPERATED, AND RETURN THE FORM TO THIS OFFICE WITH YOUR PAYMENT.
TAX OR FEE IS NOW DUE

MAIN OFFICE
City Hall (Use Main St. Entrance) 200 N. Spring Street Rm. 101 PHONE (844) 663-4411 Open Mon. through Fri. 8 AM to 5 PM

BRANCH OFFICES
Van Nuys Civic Center 6262 Van Nuys Blvd. Rm. 110 PHONE (844) 663-4411 Open Mon. through Fri. 8 AM to 5 PM
Braude Constituent Services Center
West Los Angeles 1828 Sawtelle Blvd. Rm. 102 PHONE (844) 663-4411 Open Mon. through Fri. 8 AM to 5 PM

Figueroa Plaza Building Phone: (844) 663-4411 Open Mon., Tue., Thu., Fri. 7:30 AM to 4:30 PM
One Stop Permitting Center 201 N. Figueroa St. 3rd Floor Counter 17 Open Wed. 9 AM to 4:30 PM

IMPORTANT INFORMATION

ARTICLE 1.1 of the L.A.M.C.
Visit the Office of Finance website at finance.lacity.org or contact us at Finance.PhoneTax@lacity.org for more information.

The person(s) providing information regarding the supply of communications services subject to the tax effective October 1, 1987, must collect taxes imposed by Article 1.1 of the Los Angeles Municipal Code from service users. Communication service providers must report and remit the tax on either their charges paid or their charges billed, depending on their previously selected method. The tax period, due and delinquent dates are based on these methods. When collections are not remitted to the City of Los Angeles, Office of Finance before the delinquent date, interest and penalties accrue as follows:

INTEREST – If any tax due for a month is not paid in one of the offices listed above by 5 P.M. (or postmarked by the U.S. Post Office by 11:59 P.M., if mailed) by the due date, interest at the rate of **0.3% per month** shall apply to the principal tax due until paid. Interest applies only to the principal tax due and not to any penalty incurred for delinquency.

PENALTY-- If any tax due for a month is not paid in one of the offices listed above by 5 P.M. (or postmarked by the U.S. Post Office by 11:59 P.M., if mailed) by the due date, a penalty of **5%** of the principal tax due shall apply. A penalty of **10%** applies to the 2nd month of delinquency, **15%** applies to the 3rd month of delinquency, and **20%** applies to the 4th month. An additional penalty of 20% of the tax due shall apply if payment is not made on or before the last day of the fourth month following the imposition of the first penalty. Penalty applies only to the principal tax due, and not to any interest incurred for delinquency.

Please note that on September 25, 2004 Ordinance #176160 became effective requiring all tax payments of $50,000 or more to be made by electronic funds transfers. You must pre-register in order to make payment by means of electronic funds transfers. Please call (213) 922-9690 for further information.

CHECK APPROPRIATE STATEMENT

☐ (a) LEGAL NAME CHANGE __________________________ DATE _____
 IF THIS IS AN OWNERSHIP CHANGE, NEW OWNER’S PHONE NUMBER (____) _____________________

☐ (b) BUSINESS ADDRESS __________________________ DATE _____
 CITY __________________________ STATE ______ ZIP ______
 IS THIS A RESIDENTIAL ADDRESS (Y/N)? _____ IS THIS ADDRESS LOCATED OUTSIDE THE UNITED STATES (Y/N)? _____

☐ (c) DBA (DOING BUSINESS AS) __________________________ DATE _____

☐ (d) MAILING ADDRESS __________________________ DATE _____
 CITY __________________________ STATE ______ ZIP ______
 C/O __________________________
 IS THIS A RESIDENTIAL ADDRESS (Y/N)? _____ IS THIS ADDRESS LOCATED OUTSIDE THE UNITED STATES (Y/N)? _____

☐ (e) ALL RENTAL PROPERTIES SOLD DATE ______

☐ (f) ENTIRE BUSINESS (ES) SOLD OR DISCONTINUED DATE ______

☐ (g) INDIVIDUAL BUSINESS ACTIVITY SOLD OR DISCONTINUED DATE ______ CLASS CODE (S) ______

☐ (h) PORTION OF BUSINESS ACTIVITY SOLD OR TRANSFERRED DATE ______ CLASS CODE (S) ______

☐ (i) IF YOU RELOCATED ALL OR PART OF YOUR BUSINESS OUT OF THE CITY OF LOS ANGELES, STATE REASON(S) HERE: __________________________

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