TAXPAYER INFORMATION UPDATE

LEGAL NAME _______________________________________ ACCOUNT NUMBER _______________________________________

PLEASE COMPLETE APPROPRIATE INFORMATION

YOU MUST CALL (844) 663-4411 for further instructions if you have any change in ownership / legal name or police or fire permit.

☐ (a) DBA (DOING BUSINESS AS) ______________________________________ DATE __________

☐ (b) BUSINESS ADDRESS __________________________________________ DATE __________

IF YOUR BUSINESS ADDRESS HAS CHANGED, PLEASE CHECK AND COMPLETE BOX (B) IF YOU CONTINUE TO BE SUBJECT TO THE TAX. PLEASE NOTE THAT IF YOU HAVE MOVED OUTSIDE THE CITY OF LOS ANGELES AND SOLICIT OR PROMOTE BUSINESS ACTIVITIES WITHIN THE CITY OF LOS ANGELES, YOU ARE REQUIRED TO PAY TAX IF YOU CONDUCT BUSINESS IN THE CITY SEVEN OR MORE DAYS IN A YEAR. IF YOU RELOCATED ALL OR PART OF YOUR BUSINESS OUTSIDE THE CITY OF LOS ANGELES, WHETHER OR NOT YOU ARE SUBJECT TO THE TAX, STATE REASON(S) FOR THE RELOCATION AND NEW PHONE NUMBER. 

☐ (c) MAILING ADDRESS ______________________________________ DATE __________

☐ RESIDENTIAL ______________________________________________

☐ COMMERCIAL c/o ____________________________________________

☐ (d) ENTIRE BUSINESS SOLD OR DISCONTINUED DATE ____________

PLEASE PROVIDE, IF APPLICABLE, NEW OWNER’S NAME, ADDRESS, PHONE NUMBER AND LOCATION OF BUSINESS PROPERTY(S) SOLD

________________________________________________________________________________________________

☐ (e) ENTIRE BUSINESS TAX CLASSIFICATION SOLD OR DISCONTINUED

BUSINESS AND/OR USERS TAX

POLICE ALARM PERMIT (P) __ __ __ DATE __________ CLASS CODE(S) __ __ __ __ DATE __________

FIRE PERMIT (F) __ __ __ DATE __________ CLASS CODE(S) __ __ __ __ DATE __________

PLEASE PROVIDE, IF APPLICABLE, NEW OWNER’S NAME, ADDRESS, PHONE NUMBER AND LOCATION FOR THE BUSINESS TAX CLASSIFICATION SOLD

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PLEASE INCLUDE YOUR EMAIL ADDRESS: ________________________________

SIGNATURE ___________________________________________________ DATE __________

PRINTED NAME __________________________________________ Phone Num. __________

PLEASE RETURN SIGNED FORM TO: FINANCE.CUSTOMERSERVICE@LACITY.ORG OR OFFICE OF FINANCE, SPECIAL DESK UNIT, 200 N. SPRING ST. ROOM 101, LOS ANGELES, CA 90012

Rev. 07/20