

CITY OF LOS ANGELES  
OFFICE OF FINANCE

200 N. Spring St. Room 101  
Los Angeles, CA 90012  
(844) 663-4411

For Official Use Only

**BUSINESS TAX WHISTLEBLOWER PROGRAM**  
**INFORMANT DECLARATION**

Claim No. \_\_\_\_\_

PROVIDE AS MUCH INFORMATION AS AVAILABLE:

1) Name of the person that may not be paying or underreporting City business tax and the person's SSN or FEIN and Tax Registration Certificate, if known.

2) Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_

3) Business address of person (including zip code) \_\_\_\_\_ Phone Number (including area code) \_\_\_\_\_

4) Please provide a brief explanation and attach documentation to substantiate the allegation: Suspected of (please check one)  Underreporting  Non-reporting

**CLAIM FOR REWARD (OPTIONAL)**

Pursuant to Section 21.32 of the Los Angeles Municipal Code (L.A.M.C.), you may be entitled to a reward.  
**IMPORTANT:** If you plan to claim a reward for monies recovered, it is recommended that you complete and sign this section now. However, if you do not wish to claim a reward at this time you may still do so no later than one year after the City's recovery of unpaid or underpaid business tax pursuant to the submitted information. **If you believe you may submit a claim for reward at a later date, you must at this time provide the name of the claimant or an alias in the area below.** Proof of your identity and a SSN or FEIN will be required if a reward is payable. This information is used to record a claimant's reward as taxable income and therefore you will be issued a 1099 form if a reward is paid. Failure to provide the required information may result in the disqualification for a reward.

*I hereby apply for a reward in accordance with Sec. 21.32 of the L.A.M.C. in connection with violations of Sec. 21.03 of the L.A.M.C. and the collection of any taxes, interest and penalties due. I was not an employee of the Office of Finance neither at the time I came into possession of the information, nor at the time I divulged it. I am neither a present nor former employee of the City of Los Angeles who received the information in the course of my official duties.*

Name of claimant \_\_\_\_\_ \*Check if alias

\* If you are using an alias, proof of your identity may be required at the time that the reward is processed.

Address of claimant (required in connection with a signature below), including zip code, and telephone number (optional) \_\_\_\_\_

*I declare under penalty of perjury under the laws of the State of California that I have reviewed this application and my accompanying statements, if any, and to the best of my knowledge and belief, they are true, correct, and complete. I understand the amount of any reward will be determined by the Director of Finance based on the value of the information provided.*

Signature of Claimant \_\_\_\_\_

Date \_\_\_\_\_



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**FINAL DISPOSITION AND AUTHORIZATION OF REWARD**

AUTHORIZED REPRESENTATIVE	SUM RECOVERED \$	AMOUNT OF REWARD \$	TRC NUMBER
NAME OF INFORMANT / PAYEE		SSN OR FEIN	CONTROL NUMBER

*In consideration of the original information that was furnished by the claimant named above, which concerns a violation of the L.A.M.C. and which led to the collection of taxes, interest, and penalties in the sum shown above, I approve payment of a reward in the amount stated.*

SIGNATURE OF DIRECTOR OF FINANCE OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE RETURN TO:

CITY OF LOS ANGELES, OFFICE OF FINANCE  
c/o WHISTLEBLOWER PROGRAM  
P.O. BOX 53200  
LOS ANGELES, CA 90053-0200

Form 96.009 (a) (09/15)