

Office of Finance, RMS Unit Assessment Response Form

Please complete the following information and check all boxes that apply below.

Legal Name of Business: _____

The estimated basis for tax are not correct. The correct basis for tax are listed below (attach additional sheets if necessary).

*Note: If this assessment is the result of an audit, you must enclose supporting documentation.
All submitted basis for tax are subject to review/audit.*

Business Description:	Calendar Year	Basis For Tax
	2020	
	2019	
LA Start date of Primary Activity: _____	2018	
	2017	
	2016	
	2015	
LA Ending Date of Primary Activity: _____	2014	
	2013	
	2012	

If you require assistance in computing your Gross Receipts and/or Business Tax, please email finance.rms@lacity.org

The Business Tax for this location was reported and paid under Account No. _____

The business activity is exempt from Business Tax based on _____
Some examples of exempt businesses are below. This list is not exhaustive, please visit <https://finance.lacity.org/other-exemptions> for more exemptions.

- Notary Public
- Credit Union
- Licensed bail bond agents/companies

Other: _____

I request a hearing in order to protect my administrative appeal rights. However, I wish to delay scheduling of the hearing in order to provide the tax auditor/tax compliance officer with additional information. I agree to provide the additional information to the tax auditor/tax compliance officer within 30 days from the date of the enclosed assessment letter.

I request an immediate hearing based on the following position (attach additional sheets if necessary): _____

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 _____