



# TAXPAYER INFORMATION UPDATE FORM

LEGAL NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

## PLEASE COMPLETE APPROPRIATE INFORMATION

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

(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 ANY BUSINESS IN THE CITY. PHYSICAL PRESENCE FOR SEVEN DAYS OR MORE IN ANY CALENDAR YEAR BY ANY EMPLOYEE OR CONTRACTOR WORKING ON YOUR BEHALF IN THE CITY IS DEEMED CONDUCTING BUSINESS IN THE CITY. 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 PROVIDE NEW PHONE NUMBER.

\_\_\_\_\_ PHONE NO ( \_\_\_\_\_ ) \_\_\_\_\_

(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 (Enter the information below)

BUSINESS AND/OR USERS TAX DISCONTINUED DATE \_\_\_\_\_

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

\_\_\_\_\_

TOBACCO RETAILER'S PERMIT DISCONTINUED DATE \_\_\_\_\_

POLICE / ALARM PERMIT (P) \_\_\_ \_\_\_ \_\_\_ DATE \_\_\_\_\_ CLASS CODE(S) \_\_\_ \_\_\_ \_\_\_ DATE \_\_\_\_\_

FIRE PERMIT (F) \_\_\_ \_\_\_ \_\_\_ DATE \_\_\_\_\_ CLASS CODE(S) \_\_\_ \_\_\_ \_\_\_ DATE \_\_\_\_\_

I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IN THIS FORM IS TRUE, CORRECT AND COMPLETE.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PLEASE RETURN SIGNED FORM TO: ✉️ [FINANCE.CUSTOMERSERVICE@LACITY.ORG](mailto:FINANCE.CUSTOMERSERVICE@LACITY.ORG) OR