CITY OF LOS ANGELES – BUSINESS TAX APPLICATION AB 63 REF « ACCT_ID

For assistance in completing this form, please contact or visit any of our offices listed on the cover letter. Completed applications should be mailed to the address note on the reverse side.

•	If you already have a Business Tax Registration Certificate: Enter the account number and complete only the legal name and signature box below, including daytime telephone number. Tax Registration Certificate Account Number:							
•	If you do not have a Business Tax Registration Certificate: Provide applicable information requested below including signature box and <u>daytime telephone number</u> . You will be billed via mail. If you prefer, you can have your tax liability calculated for you ove the telephone and remit payment with this form (on reverse side) or you can visit any of our offices for assistance in registration and payment.							
•	If you believe you are n appropriate box and cor	ot subject to City of L mplete applicable se	os Angeles business ction. Complete signa	tax, please refer ature box, includi	to the reverse side of to the reverse side of to the reverse side of the reverse side	this applica number and	ition; check d return.	
Bu	siness Type (check o	ne): 🗆 Individ	ual □ Partnersh	nip 🗆 LLC	□ Corporation	□ Trus	st	
Ple	ase print or type:							
Le ç Do	gal Name:not use DBA (fictitious na	ame) here						
	cial Security No. (SSI			cation No. (FE	IN):			
	siness Address:							
	not use P.O. Box here ase check appropriate bo		Street Address ☐ Commercial Location		esidence	State	Zip Code	
Bu	siness Name (DBA):				·			
Ca	re Of (C/O):							
	iling Address: fferent from Business Ac		Iress or P.O. Box	City		State	Zip Code	
	scription of Business ovide in Detail)	s:						
Starting Date of Business: Month				Day			Year	
Gro	oss Receipts*:							
<u>B</u>	usiness activity**/Date a	ctivity started						
C	alendar Year Gross R	eceipts:						
2	2011 2012	2013	2014	2015	2016	2017	2018	
Plea	ase Note: A minimum bus	siness tax may be due	based on your busine	ss activity(ies) for	r the first year of operation	on.		
	our business is located with ted outside the City and a p lity.							
	ue to the large number of van separately. For specific a						ot practical to list	
	leclare, under penalty ι errect and complete.	ınder the laws of th	e State of California	, that to the bes	t of my knowledge the	e foregoin	g is true,	
Si	gnature	uture Date						
Tit	:le							
Da	ytime Telephone Number Email Address							