



CITY OF LOS ANGELES
 OFFICE OF FINANCE
 P.O. Box 53200
 Los Angeles, CA 90053-0200

BUSINESS TAX RENEWAL FORM – 2010

RENEW ONLINE!

DELINQUENT AFTER

www.lacity.org/finance

March 1, 2010

ii. Tax Reform & Incentives

- Small Business Exemption** - Enter the total of your worldwide gross receipts here: \$ _____.
- Newly Established Business**
- Creative Activities Exemption:** Check this box **only** if the worldwide gross receipts attributable to "Creative Activities" are \$300,000 or less. Enter the total gross receipts from Creative Activities **inside** the City of Los Angeles \$ _____.
- Enter the number of persons employed by your business at this location, if none enter 0: _____
- Do you provide leased parking for employees at this location? YES NO (Check one)

III. Tax Worksheet

	Col. A Business Activity	Col. B Fund Class	Col. C Primary Class <small>- Refer to Instructions</small>	Col. D Basis For Tax	Col. E Tax Rate	Col. F Tax Computation <small>Multiply Column: (D x E)</small>	Col. G Back Tax <small>- Refer to Instructions</small>	Col. H Tax Due <small>Add Columns: (F + G)</small>
6.			<input type="checkbox"/>	.00				
7.			<input type="checkbox"/>	.00				
8.			<input type="checkbox"/>	.00				
9.			<input type="checkbox"/>	.00				
10.			<input type="checkbox"/>	.00				
11.			<input type="checkbox"/>	.00				
12.			<input type="checkbox"/>	.00				

Late Payment	13. Add Lines 6 through 12 in Column H. Enter result here.	
	14. _____ 14A. _____	
	16. Interest (If paid after March 1, 2010) - See Instruction Sheet	
	17. Penalty (If paid after March 1, 2010) - See Instruction Sheet	
Total Amount Due	18. Add Lines 13 through 17. Enter result here.	
		15. Total Tax Due

IV. Certifications

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 RENEWAL IS TRUE, CORRECT AND COMPLETE.

19. Signature: _____ Print Name: _____

20. Title: _____ Phone No.: (_____) _____ # _____
area code daytime phone # ext. if any

21. Date: _____ Email: _____ Please ensure 4 and 5 above are completed.

V. Payment Info	All payments of \$50,000 or more must be made electronically via Automated Clearing House (ACH) through your bank. See instruction sheet for further information. MAKE CHECK PAYABLE TO: Office of Finance City of Los Angeles. Please write your account number on your check. Checks and money orders must be drawn on United States banks only. NO SPLIT PAYMENTS.	Account #:	i. Taxpayer Information
	22. Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> ACH		
	23. Name on Credit Card: _____ Acct#: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	24. Exp. Date: _____ Amount Paid: \$ _____ Authorized Signature: _____		
All Visa Debit Card payments will be assessed a flat fee of \$3.95 per transaction with a maximum allowed payment amount of \$1,200. All other Credit or Debit Card payments will be assessed a fee equal to 2.49% of the payment amount with a minimum fee of \$3.95. This fee is non-refundable and will be assessed to the same Credit/Debit card provided above.		<input type="checkbox"/> Change of Information: Check this box if there are any changes regarding your taxpayer information. Record the changes on the Information Update section (back of this form).	