



**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](http://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				

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

**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.

<b>V. Payment Info</b>	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. <b>MAKE CHECK PAYABLE TO: Office of Finance City of Los Angeles.</b> Please write your account number on your check. Checks and money orders must be drawn on United States banks only. <b>NO SPLIT PAYMENTS.</b>	Account #:	<b>i. Taxpayer Information</b>
	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"/> <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"/> <b>Change of Information:</b> Check this box if there are any changes regarding your taxpayer information. Record the changes on the Information Update section (back of this form).	

PLEASE MAKE A COPY FOR YOUR RECORDS

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