

GENERAL INFORMATION

The tax may be computed on the “**ACTUAL VEHICLE DAYS**” basis, or may be computed on a “**TEST WEEK**” basis as described on the supplemental form enclosed. Once the tax has been paid on either basis, the choice cannot be changed with respect to that tax period.

No tax shall be required under 21.195 and 21.196 for the operation of a vehicle for any day or portion thereof when such vehicle is operated exclusively between points within the City and points outside the State.

No tax shall be paid under Sections 21.195 by any business which is subject to tax under the **Household Goods Carriers Uniform Business License Tax Act or the Motor Carriers of Property Permit Fee Act.**

IF THE BUSINESS IS NO LONGER BEING OPERATED, please complete the “Business Tax Renewal Form” in Section VI, Information Update, indicate the date the business ceased operation, then sign and return the Renewal Form to this office so that your account may be cancelled.

ACCOUNT #: _____

LEGAL NAME: _____

**TRUCKING, HAULING (L.A.M.C. SECTION 21.195/295) AND
MISCELLANEOUS TRUCKING (L.A.M.C. SECTION 21.196/296) TAX WORKSHEET
THIS FORM MUST BE RETURNED WITH YOUR BUSINESS TAX RENEWAL FORM**

NOTE: IF YOU ARE TAXED UNDER SECTION 21.195 AND YOU HAVE EITHER A HOUSEHOLD GOODS CARRIER PERMIT OR A MOTOR CARRIERS PERMIT, NO TAX IS DUE. PLEASE ENTER YOUR PERMIT NUMBER HERE _____ AND RETURN THIS FORM WITH YOUR BUSINESS TAX RENEWAL FORM. ENTER 0 IN COL. D AND COL. H OF THE BUSINESS TAX RENEWAL FORM ADJACENT TO FUND CLASS CODE L195.

INSTRUCTIONS

Renewal Year _____

COL. A: This is the weight category for each of your vehicles. COL. B: This is the daily rate for each vehicle.

If using TEST WEEK:

Use Cols. C, D, E & F. Vehicle days are the number of days each vehicle operated in the City. Multiple trips by the same vehicle on the same day are counted as one vehicle day. **EXAMPLE:** 5 vehicles for 4 days + 2 vehicles for 7 days + 10 vehicles for 5 days = 84 vehicle days. **Number of vehicle days for each test week cannot be more than number of vehicles used multiplied by 7.** If you did not conduct operations during one or more of the test weeks below, please substitute the next succeeding full week in which you did conduct such operations and correct the test week dates. **DO NOT SUBMIT A ZERO STATEMENT IN ANY TEST WEEK.**

COL. G: Add Cols. C through F. LINE A: Enter the Number of Weeks during the prior year in which operations were conducted.

COL. H: Calculated Vehicle Days. Divide Col. G by 4, then multiply by Line A.

COL. I: Total Due. Multiply the rate in Col. B by the amount in Col. H and enter the result here. Also enter the total for **Col. I** on **Line 1**.

If using ACTUAL VEHICLE DAYS:

Use Col. J to indicate the Actual Vehicle Days. **Number of vehicle days for actual vehicle days used cannot be more than number of vehicles used multiplied by 365.**

COL. K: Total Due. Multiply the rate in Col. B by the amount in Col. J and enter the result here. Also enter the total for **Col. K** on **Line 1**.

		TEST WEEK						
		Line A. # of operating weeks in the prior year _____.						
<u>COL. A</u>	<u>COL. B</u>	<u>COL. C</u> 2 nd week of January	<u>COL. D</u> 2 nd week of April	<u>COL. E</u> 2 nd week of July	<u>COL. F</u> 3 rd week of October	<u>COL. G</u>	<u>COL. H</u>	<u>COL. I</u>
UNLADEN WEIGHT	DAILY RATE	VEHICLE DAYS	VEHICLE DAYS	VEHICLE DAYS	VEHICLE DAYS	TOTAL VEHICLE DAYS	CALCULATED VEHICLE DAYS	TAX DUE
4000 LBS OR LESS	\$.28	_____	_____	_____	_____	_____	_____	_____
4001- 8000 LBS	\$.71	_____	_____	_____	_____	_____	_____	_____
OVER 8,000 LBS	\$.78	_____	_____	_____	_____	_____	_____	_____
TRACTORS	\$.78	_____	_____	_____	_____	_____	_____	_____

ACTUAL VEHICLE DAYS	
<u>COL. J</u>	<u>COL. K</u>
ACTUAL VEHICLE DAYS	TAX DUE
_____	_____
_____	_____
_____	_____
_____	_____

1. Tax Due. Add all amounts in **Col. I** or **Col. K** and enter here..... \$ _____
2. Minimum tax paid in the prior year..... \$ 88.69
3. Additional tax due for prior year. **Line 1 minus Line 2**, if this amount is less than 0 enter 0 here..... \$ _____
4. Minimum tax for the current year..... \$ 88.69
5. **TOTAL (LINE 3 PLUS LINE 4).** Enter here and in **Col. H** of the Business Tax Renewal Form adjacent to the Fund Class Code L195/295 and/or L196/L296..... \$ _____