

TAXPAYER INFORMATION UPDATE

LEGAL NAME _____ **ACCOUNT NUMBER** _____

PLEASE COMPLETE APPROPRIATE INFORMATION

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

(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 BUSINESS IN THE CITY SEVEN OR MORE DAYS IN A YEAR.** 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 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

TOBACCO RETAILER'S PERMIT DISCONTINUED DATE _____

BUSINESS AND/OR USERS TAX

POLICE ALARM PERMIT (P) ___ ___ ___ DATE _____ CLASS CODE(S) ___ ___ ___ DATE _____
FIRE PERMIT (F) ___ ___ ___ DATE _____ CLASS CODE(S) ___ ___ ___ DATE _____

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

PLEASE INCLUDE YOUR EMAIL ADDRESS: _____

SIGNATURE _____ **DATE** _____

PRINTED NAME _____ **Phone Num.** _____

PLEASE RETURN SIGNED FORM TO: FINANCE.CUSTOMERSERVICE@LACITY.ORG OR OFFICE OF FINANCE, SPECIAL DESK UNIT, 200 N. SPRING ST. ROOM 101, LOS ANGELES, CA 90012