

For Office Use Only: PYMT DT: _____

- New Account
- Information Change
- Business Cancellation
- Amend Basis For Tax
- Renewal

OB DATE: _____

END REASON: _____



KAREN BASS
MAYOR

RMS Ref # «ACCT_ID»

APPLICATION FOR BUSINESS TAX

To prevent any delay in the processing of your application, please complete all applicable information below.

1. Business Details: LOS ANGELES START DATE _____

LEGAL NAME: _____

Do not use DBA (fictitious name) here

BUSINESS TYPE: Individual Partnership Corporation LLC Trust
(Check One)

FEDERAL EMPLOYER IDENTIFICATION No (FEIN):

-OR-

SOCIAL SECURITY NUMBER (SSN) _____

BUSINESS NAME (DBA): _____

2. BUSINESS ADDRESS:

Do not use P.O. Box here

Address Type:
(Check One)

Residential

Non-Residential

Street Address _____ City _____ State _____ Zip Code _____

Care of _____ Business Phone Number _____

3. MAILING ADDRESS:

If different from Business

Address

Address Type:
(Check One)

Residential

Non-Residential

Street Address _____ City _____ State _____ Zip Code _____

Care of _____ Business Phone Number _____

4. BUSINESS DESCRIPTION: (If you believe you are exempt from the business tax, please provide the reason below. Otherwise, please enter a description of the business activity and complete the reverse side of this application)

--DO NOT LEAVE THIS SECTION BLANK--

5. CONTACT PERSON:

(Optional)

Name _____ Title _____

Email Address: _____

Contact Phone Number _____ Ext _____

Print name of Owner or Agent

Phone Number _____ Ext _____

Fax Number _____

Signature of Owner or Agent

Title

Date

CITY OF LOS ANGELES
CALIFORNIA

Phone: (844) 663-4411
Fax: (213) 928-9392

If currently registered, enter account # in box

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Mailing Address:

City of Los Angeles Office of Finance
RMS Tax Discovery Unit
P.O. Box 53234
Los Angeles, CA 90053-0234

PRIMARY ACTIVITY		FUND/CLASS
YEAR	GROSS RECEIPTS (CALENDAR YEAR)	AMOUNT DUE
2020	\$	\$
2019	\$	\$
2018	\$	\$
2017	\$	\$
2016	\$	\$
2015	\$	\$
2014	\$	\$
2013	\$	\$

SECONDARY ACTIVITY		FUND/CLASS
YEAR	GROSS RECEIPTS (CALENDAR YEAR)	AMOUNT DUE
2020	\$	\$
2019	\$	\$
2018	\$	\$
2017	\$	\$
2016	\$	\$
2015	\$	\$
2014	\$	\$
2013	\$	\$

Telephone number where you may be contacted between the hours of 8:30 a.m. – 4:30 p.m.

Home () _____
Office () _____
Fax () _____

Signature of Owner or Agent

Title

Date