

# CITY OF LOS ANGELES – BUSINESS TAX APPLICATION AB63

Completed applications should be emailed to [finance.customerservice@lacity.org](mailto:finance.customerservice@lacity.org) or mailed to City of Los Angeles, Office of Finance/Tax and Permit Division P.O. Box 53478, Los Angeles, CA 90053-0478.

**Business Type** (check one):  Individual  Partnership  LLC  Corporation  Trust

Please print or type:

**Legal Name:** \_\_\_\_\_

Do not use DBA (fictitious name) here

**Social Security No. (SSN) - OR - Federal Employer Identification No. (FEIN):** \_\_\_\_\_

(NOTE: SSN/FEIN is confidential and not part of any public record)

**Business Address:** \_\_\_\_\_

Do not use P.O. Box here Street Address City State Zip Code Please check appropriate box  Commercial Location  Residence

**Business Name (DBA):** \_\_\_\_\_

**Care Of (C/O):** \_\_\_\_\_

**Mailing Address:**

If different from Business Address Street Address or P.O. Box City State Zip Code

**Description of Business:** \_\_\_\_\_

(Provide in Detail)

**LA Starting Date of Business:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**LA Ending Date of Business (if applicable):** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Gross Receipts\*:**

Business activity\*\*/Date activity started

Calendar Year Gross Receipts:

2015          2016          2017          2018          2019          2020          2021          2022

\_\_\_\_\_

**Please Note:** A minimum business tax may be due based on your business activity(ies) for the first year of operation.

\*If your business is located within the City of Los Angeles and a portion of your gross revenue is derived from outside the City, or your business is located outside the City and a portion of your gross revenue is derived from inside the City, then applicable apportionment formulas may reduce your tax liability.

\*\*Due to the large number of various business activities described under Section 21.41 to 21.197 of the Business Tax Ordinance, it is not practical to list each separately. For specific activities and rates, contact the Office of Finance or visit our website ([www.lacity.org/finance](http://www.lacity.org/finance)).

**I declare, under penalty under the laws of the State of California, that to the best of my knowledge the foregoing is true, correct and complete.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_