



TAXPAYER INFORMATION UPDATE FORM

LEGAL NAME _____ ACCOUNT NUMBER _____

PLEASE COMPLETE APPROPRIATE INFORMATION

Note: Tax Registration Certificate are not transferable. If your business is sold or transferred to another entity or you purchase a business, a new Tax Registration Certificate is required. If you have moved out of the City of Los Angeles, but continue to solicit or promote business activities within the City of Los Angeles for seven or more days a year, you are still required to file a business tax renewal. If you have any change in ownership / legal name or police or fire permit, YOU MUST CALL (844) 663-4411 for further instructions.

A. Doing Business As (DBA) _____ Effective: _____

B. Mailing Address _____ Effective: _____

City: _____ State: _____ Zip: _____

Is this a residential address? YES NO (Check one)

C. Business Address _____ Effective: _____

City: _____ State: _____ Zip: _____

Is this a residential address? YES NO (Check one)

D. Legal Name Change _____ Effective: _____

- *If changing your legal name from a sole proprietor or partnership to a corporation (attach Articles of Incorporation)*
- *If changing your legal name from a sole proprietor or partnership to a LLC (attach Articles of Organization)*
- *If changing the corporate name (attach Amended Articles of Incorporation)*
- *If changing the LLC name (attach Amended Articles of Organization)*
- *If changing your legal name due to a change of name (attach proof of name change)*

E. Rental Property Sold Effective: _____

F. Moved outside of L.A. City, no physical presence Effective: _____

G. Entire Business(es) Sold or Discontinued Effective: _____

H. Individual Business Activity Sold or Discontinued Effective: _____ Fund/Class(es) _____

I. Tobacco Retailer’s Permit Discontinued Effective: _____

J. Police/Alarm Permit Discontinued Effective: _____ (P) _____

K. Fire Permit Discontinued Effective: _____ (F) _____

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 FORM IS TRUE, CORRECT AND COMPLETE.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

EMAIL _____ PHONE NUMBER _____

PLEASE RETURN SIGNED FORM TO: ✉️ FINANCE.CUSTOMERSERVICE@LACITY.ORG OR MAIL TO: OFFICE OF FINANCE, SPECIAL DESK UNIT, 200 N. SPRING ST. ROOM 101, LOS ANGELES, CA 90012 Rev. 4/2024