

# Office of Finance, RMS Assessment Response Form

Please complete the following information and check all boxes that apply below.

Legal Name of Business: \_\_\_\_\_

City Business Tax Account No.: \_\_\_\_\_

RMS Ref #: «ACCT\_ID»

☐ I request an immediate hearing based on the following position (attach additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ I request a hearing in order to protect my administrative appeal rights. However, I wish to delay scheduling of the hearing in order to provide the tax auditor/tax compliance officer with additional information. I agree to provide the additional information to the tax auditor/tax compliance officer within 30 days from the date of the enclosed assessment letter.

☐ The estimated tax measures are not correct. The correct tax measures are listed below (attach additional sheets if necessary).

*Note: If this assessment is the result of an audit, you must enclose supporting documentation.  
All submitted tax measures are subject to review/audit.*

Primary Activity:	Calendar Year	Tax Measure	Amount Due
_____	2024	_____	_____
_____	2023	_____	_____
Start date of Primary	2022	_____	_____
Activity: _____	2021	_____	_____
_____	2020	_____	_____
_____	2019	_____	_____
Fund/Class: _____	2018	_____	_____
_____	2017	_____	_____
			Total Due _____

FEIN or Social: \_\_\_\_\_

- ☐ The business activity ceased on: \_\_\_\_\_
- ☐ The business was sold/transferred on \_\_\_\_\_ to \_\_\_\_\_  
Telephone number of person that business was sold/transferred to \_\_\_\_\_
- ☐ The Business Tax for this location was reported and paid under Account No. \_\_\_\_\_
- ☐ The business activity is exempt from Business Tax based on \_\_\_\_\_
- ☐ An election was made to Single Category file. See primary business category listed above.
- ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Please print the name of the owner or authorized agent: \_\_\_\_\_

Signature & Title of owner or authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Please enclose a copy of the assessment notice.*