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CLOSING BUSINESS DECLARATION

Business License Number: Business Location:	Tax Code:
Mailing Address Business Name: Owner Name: Street Address: City, State Zip:	BUSINESS INFORMATION (complete the following applicable information) 3. Contact Phone Number: 4. Email: 5. How do you file Business taxes: Gederal Tax Id: 7. Social Security Number:
 New Mailing Address:	ose or was the rental property sold? Indicate below the
closing/sale date. To close your license, complete the appro a. Business closed on:// b. Property sold on://	
CALCULATE THE CLOSING TAX DUE 9. 2014 Gross Receipts 10. Allowable Deductions: (ONLY for Tax Codes C, M & P, see instruction sheet) 11. Taxable Gross Receipts: 12. Tax: Line 11 x Line 11 x	
 State Mandated Disability Access & Education Revolving Fund*\$ Additional License Fees:\$ (e.g.: Solano BID) TOTAL AMOUNT DUE: (Add Lines 12 – 14)\$ 	

Warning: Providing false information on this form may result in the City pursuing civil &/or criminal penalties.

NOTE: Penalties & Interest do not apply when closing a business license.

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I declare under penalty of perjury that to the best of my knowledge all the information contained	əd in this statement 🚊
true and correct.	T Y
Signature: Da	ate:

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Payment

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*On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified. Finance Revenue Collection-Business License Renewal

Phone: 510-981-CITY TDD: 510-981-6903 Email: BusLic@ci.berkeley.ca.us Website: http://www.ci.berkeley.ca.us/finance

INSTRUCTIONS FOR COMPLETING CLOSING BUSINESS DECLARATION:

Please read instructions in order to complete the form correctly.

All business license closures must be signed and dated for processing.

- Line 1 Current Mailing information for the business license being closed.
- Line 2 New Mailing Address: If applicable, please write the new mailing address on the line provided.
- Line 3 Enter a contact phone number in case we have questions or need to contact you.
- Line 4 Enter the business's email address and/or website.
- Line 5 Check the appropriate box indicating how the income taxes for this business are filed: Based on which box is checked on Line 5 complete Line 6 OR Line 7:
- Line 6 Enter Federal Tax Id number, **OR**;
- Line 7 Enter Social Security number
- Line 8 Enter the date the business closed or the date the property sold on the line provided.
- Line 9 Enter the business's total gross receipts for 2014. For Tax Code Q, enter the business's gross payroll.
 For Tax codes A, H and S: skip lines 9 12 and proceed to line 13
- Line 10 Enter allowable deductions ONLY for tax codes C, M & P.

Tax codes C & P: allowable deductions are amounts paid to subcontractors only to perform a job within the City, such as a Dentist's payment to a Lab to create a mold. To claim a deduction, you MUST attach a letter that lists subcontractor qualified for the deduction. Include the subcontractor business name, address, contractor number (if applicable) and the amount paid to subcontractor.

Tax code M: allowable deductions include value of raw materials (including cost of energy), or the value of the partially

- Line 11 Subtract line 11 from line 10; enter result on line 11.
- Line 12 Multiply the amount of line 11 by the Tax Rate to determine Business License Tax Due (minimum tax does not apply when closing a business)
- Line 13 State Mandated \$1 Fee: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at <u>www.dgs.ca.gov/dsa/Home.aspx</u>. The Department of Rehabilitation at <u>www.rehab.cahwnet.gov</u>."

- Line 14- Additional License Fees: Preprinted Business Improvement District (BID) fees, such as Solano or Elmwood BID.
- Line 15 Enter the total of lines 12 through 14. This total is the amount due.

Please make checks payable to City of Berkeley.