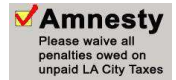




CITY OF LOS ANGELES – TAX AMNESTY

Business Tax Application/Penalty Waiver Request



For assistance in completing this form, please contact our office at (213) 473-5901. Completed applications should be returned to City of Los Angeles, Office of Finance, P.O. Box 30359, Los Angeles, CA 90030-0359.

- If you have a Business Tax Registration Certificate: Enter the account number and complete only the legal name and signature box below, including daytime telephone number. **Tax Registration Certificate Account Number:** _____
- If you do not have a Business Tax Registration Certificate: Provide applicable information requested below including signature box and daytime telephone number.

Business Type (check one) Individual Partnership Corporation LLC

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 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 Street Address or P.O. Box City State Zip Code

Business Address

Description of Business: _____

(Provide in Detail)

Starting Date of Business: Month _____ Day _____ Year _____

Gross Receipts*:

| <u>Business activity / Date activity started</u> | <u>Calendar Year 2012 Gross Receipts</u> | <u>Calendar Year 2011 Gross Receipts</u> | <u>Calendar Year 2010 Gross Receipts</u> | <u>Calendar Year 2009 Gross Receipts</u> |
|--|--|--|--|--|
| a) _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| b) _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| c) _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| | <u>Calendar Year 2008 Gross Receipts</u> | <u>Calendar Year 2007 Gross Receipts</u> | <u>Calendar Year 2006 Gross Receipts</u> | <u>Calendar Year 2005 Gross Receipts</u> |
| a) \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| b) \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| c) \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

* 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. Please contact our office at (213) 473-5901 for additional information.

Contact Person: _____ Title: _____
Contact Phone Number: _____

I declare, under penalty of perjury 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 _____ E-mail Address _____