

# CITY OF SANTA PAULA

P.O. BOX 569, SANTA PAULA, CA 93061 • (805) 933-4211

## BUSINESS TAX STATEMENT

CERTIFICATE PERIOD		NEW	RENEW
FROM	TO		
PREVIOUS ESTIMATED GROSS RECEIPTS	ACTUAL GROSS RECEIPTS	ESTIMATED GROSS REC. FOR ENSUING YEAR	
VEHICLES	LIVING UNITS	MACHINES AMUSE MUSIC	DATE OF BIRTH
TAX FEE	PENALTY	ADJUSTMENT	DBT/CR
			TOTAL

NOTE: SUBMIT PAYMENT WITH THIS STATEMENT AND RETURN TO:

**BUSINESS TAX COLLECTOR**  
 P.O. BOX 569, 970 VENTURA STREET  
 SANTA PAULA, CALIFORNIA 93061

A PENALTY WILL BE DUE IF TAX FEES ARE NOT PAID BY:

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THIS LINE CITY USE ONLY

ACCOUNT NUMBER \_\_\_\_\_ GROUP # \_\_\_\_\_ CLASS CODE \_\_\_\_\_

BOARD OF EQUALIZATION NUMBER \_\_\_\_\_ STATE LIC. NO. \_\_\_\_\_ CITY TAX NO. \_\_\_\_\_

OWNER OR CORPORATE OFFICER'S NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

FEDERAL EMPLOYER I.D. NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ STATE EMPLOYER I.D. NO. \_\_\_\_\_

OWNER'S HOME ADDRESS \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS STREET ADDRESS \_\_\_\_\_ BUS. PHONE NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TYPE OF BUSINESS  SOLE PROPRIETOR  PARTNERSHIP  CORPORATION

### INSTRUCTIONS

1. Please turn over to the front of the Business Tax Statement.
2. At the top of the Statement you will find a Group Number. These Group Numbers refer to the Business Tax Categories you are classified under.
3. To determine your business tax, refer to the enclosed Business Tax fee brochure which lists the Group Numbers of different categories of Businesses and the fee schedule of each.
4. If you are under Group 100, please state your ACTUAL GROSS RECEIPTS and your ESTIMATED GROSS RECEIPTS FOR THE ENSUING YEAR. If your actual Gross Receipts put you in a different tax bracket, an adjustment is in order.
5. Insert the tax fee amount, complete the form, sign and return it with your check in the proper amount.
6. Please correct on this form, any printed information that is incorrect.
7. Our office stands ready to assist you, please contact us if further clarification is needed.

Thank you.

**BUSINESS TAX COLLECTOR**

**DECLARATION OF APPLICANT:**

By signing the front of this statement, I/We declare, under penalty of perjury, that this certification is made by me, that I am authorized to make such statement, and to the best of my knowledge and belief it is a true, correct and complete return made in good faith for the period stated, pursuant to the provisions of the Business Tax Ordinance Code of the City of Santa Paula. I further certify there has been no change in the ownership since the last application or renewal.

SEE REVERSE SIDE

4-1-90

COMPLETE ALL ITEMS IN FULL

**NOTE:**