## CITY OF SANTA ANA BUSINESS TAX OFFICE (M-15)

20 CIVIC CENTER PLAZA, 1st FLOOR ROSS ANNEX, P.O. BOX 1964, SANTA ANA, CA 92702 - (714) 647-5447



## **EMPLOYEE CERTIFICATION**

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City of Santa Ana Municipal Code - Sec. 21-5. License required.			
There are imposed upon the businesses, trades, professions, callings and occupations specified in this chapter license taxes in the amounts hereinafter prescribed. It shall be unlawful for any person, whether as principal or agent, clerk or employee, either for himself or for any other person, or for body corporate, or as an officer of any corporation to transact and carry on any business, trade, profession, calling or occupation in the city without first having procured a license from the city to do so or without complying with all applicable provisions of this Code. However, California state law (Business and Professions Code §16300) prohibits any municipality from imposing a business license tax on a person whose only activity is that of an employee, as defined by the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB). This means all services performed and income made as an employee receiving a W2 Statement are not subject to business license tax, <u>but</u> any services and income for which a Form 1099 was issued is subject to business license tax.			
Employee Declaration			
I am employed by		sin	ice
(Name of Employer)			(Date
At			
(Employer's Address)			
as an employee as determined by reference to the common law factors reflected in rulings or guidelines used by either the IRS or the FTB and therefore request exemption from paying City of Santa Ana Business License Tax.  I hereby declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge.			
	the State	of California	that the foregoing is
	Date		Email
true and correct of my own knowledge.  Employee Signature	Date	Phone #	Email
true and correct of my own knowledge.	Date	Phone #	Email
true and correct of my own knowledge.  Employee Signature	Date	Phone #	Email
Employee Signature  Employer Certification  I certify that is my emp	Date	Phone #	Email
Employee Signature  Employer Certification	Dateloyee as de	Phone #	Email ——————eference to the
Employee Signature  Employer Certification  I certify that is my emp  (Employee Name) common law factors reflected in rulings or guidelines used by the If	Dateloyee as de	Phone #	Email ——————eference to the
Employee Signature  Employer Certification  I certify that is my emp  (Employee Name)  common law factors reflected in rulings or guidelines used by the If rulings or guidelines used by either the IRS or the FTB.	Date  loyee as de	Phone # etermined by r	Email  eference to the aw factors reflected in
Employee Signature  Employer Certification  I certify that is my emp  (Employee Name)  common law factors reflected in rulings or guidelines used by the If rulings or guidelines used by either the IRS or the FTB.	Date  loyee as de	Phone # etermined by r	Email  eference to the aw factors reflected in

Please return this completed form - completely signed together with your Business License Tax Review form - to:

City of Santa Ana Business Tax Office (M-15) P.O. Box 1964 Santa Ana, CA 92702-1964