

**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

BUSINESS LICENSE TAX REVIEW FORM

If you feel you received your notice in error, or if you do not believe you or your business is subject to the City's business license requirement, you may complete this form and return it to the City of Santa Ana. This form allows you to submit additional facts about your business conduct that could prove you or your business is **not** subject to business license tax in the City of Santa Ana.

Following our review of this information, we will either contact you for additional information or remove your name from our database.

Please submit this form prior to the due date stated in your notification letter.

Name (Corp./LLC/LP/Db/Individual): _____ **File Reference #:** _____

Phone: (_____) _____ **E-mail:** _____

Please check [✓] Yes or No to each of the following:

Yes No

This person or entity has filed with the Franchise Tax Board (FTB) as a business or trade using a Santa Ana address. *Trade or business activity shown on filings the following tax years:* _____

This entity has registered with the Secretary of State as a Corporation, LLC, or LP with the principal address in the City of Santa Ana. *Attach Secretary of State Registration indicating registered address of record and circle the current status of the entity below:*

Active | Dissolved | Canceled | Suspended | Forfeited | Surrendered | Merged Out | Expired. Date _____

This person or entity has obtained a Federal Employer Tax ID Number from the IRS.

This person or entity claims office deductions or business expenses for a commercially-based or home-based business conducted at a Santa Ana address.

This person or entity has filed a Fictitious Business Name Statement using a Santa Ana address.

This person has received compensation as an independent contractor and/or a Form 1099 (Misc. Income) for work performed for another person, even if it is for a company based outside of Santa Ana.

This entity/business is operated, managed or controlled from a City of Santa Ana address. *If No, indicate other physical business address:* _____

This person or entity holds a state or federal license using a City of Santa Ana address. *Please specify the type and license number (i.e. State Licensed Contractor, Architect, CPA, etc)* _____

A business checking account was opened in the person/business name using a Santa Ana address.

This person or entity is registered with the California Department of Tax and Fee Administration (CDTFA) and has a Seller's Permit / Resale Number with a Santa Ana address.

This person or entity represents to the public by advertisement, business cards, business letterhead, website and/or a business phone number displaying a Santa Ana address.

This person or entity is a property owner, leaseholder, or master tenant and leases or sublets property to other businesses or persons in the City of Santa Ana. *If yes, list the addresses of the properties leased/sublet:*

(ATTACH SUPPLEMENT ADDRESS LIST SHEETS AS NECESSARY)

Please Continue on Reverse Side

BUSINESS LICENSE TAX REVIEW FORM (Page 2)

If applicable, select one of the following common reasons that may exempt you from current or prior year's business license tax for the City of Santa Ana.

A current valid Santa Ana Business License has already been issued to this same person or legal entity under a different fictitious business name (DBA).

Santa Ana Business License Tax Number _____ Expiration Date: _____

This entity is recognized as a tax-exempt organization. *Attach proof of exemption such as a 501(c)(3) form or a tax exempt notification from the IRS or FTB. (A registration fee of \$19 will apply).*

This notice was sent to a salaried employee receiving a W2 statement. Attach a completed and fully signed Employee Certification Form. Employee Certification forms are available online and may be downloaded at www.santa-ana.org/tax-holiday or call 714-647-6720 to have this form sent to you. *(For verification - your named employer maybe independently contacted.)*

This business entity has been liquidated in a Bankruptcy Proceeding. *Provide copy of Discharge Declaration.*

I am a sole-proprietor / independent contractor and do not operate my business in the City of Santa Ana. *Please list the complete address where business is operated and, where applicable, the business license number for the city in which it is operated. (This information will be reviewed with the city listed.)*

<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>City License No.</u>
_____	_____	_____	_____	_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge. I understand any statements made herein will be verified.

Print Name _____ Title _____

Signature _____ Date _____

Checklist

For each notice you received, complete a separate form. If you list multiple businesses on the same form, it will be returned, with no extensions of deadline.

Provide the telephone number and/or email address of the person who can be reached should clarification be required.

Be sure to attach any supporting documents, as requested, depending on which box you checked.

Sign and Date this review request form and print your name and title.

OFFICIAL USE ONLY
Determination - Registration Notice Upheld [] Dismissed [] Date: _____ Reviewer: _____