

CITY OF EAST PALO ALTO
 Finance Department
 2415 University Avenue
 East Palo Alto, CA 94303
 (650) 853-3153
 Office Hours: 9:00 a.m. - 5:00 p.m. (Weekdays)

Check this box if you are making corrections on any preprinted information.

BUSINESS LICENSE RENEWAL 2019

DUE DATE: DECEMBER 31, 2018 DELINQUENT IF PAID AFTER FEBRUARY 1, 2019

To correct preprinted information, cross out any incorrect information and indicate changes above or beside it. Do not correct Line 1.
SEE ENCLOSED INSTRUCTIONS BEFORE PROCEEDING

1. LICENSE NUMBER	INDUSTRY CODE CITY USE ONLY
2. BUSINESS NAME/MAILING ADDRESS	BUSINESS ADDRESS
3. BUSINESS PHONE	CONTACT PHONE EXT.
4. BUSINESS START DATE	DESCRIBE BUSINESS ACTIVITY
5. OWNERSHIP TYPE SEE INSTRUCTIONS	NO. OF FULL TIME EMPLOYEES
6. FEDERAL TAX ID NUMBER	SOCIAL SECURITY NO.
7. STATE SELLER'S PERMIT NO.	STATE CONTRACTOR'S LICENSE NO.

COMPUTATION OF BUSINESS LICENSE FEES
SEE ENCLOSED INSTRUCTIONS BEFORE PROCEEDING

8. 2018 GROSS RECEIPTS (may use range)	\$	
9. TAX DUE (SEE LINE 9 INSTRUCTIONS TO COMPUTE TAX)	\$	
10. PRIOR AMOUNT (TAX & PENALTY INTEREST) SEE INSTRUCTIONS	\$	
11. PENALTY (IF TAX IS PAID AFTER FEBRUARY 1, 2019 SEE INSTRUCTIONS)	\$	
12. INTEREST (IF TAX IS PAID AFTER FEBRUARY 1, 2019 SEE INSTRUCTIONS)	\$	
13. STATE MANDATED FEE (SB 1186)	\$	4.....00
14. TOTAL AMOUNT DUE (ADD LINES 9, 10, 11, 12 & 13)	\$	
15. PAYMENT ENCLOSED	\$	

I declare under penalty of perjury that all information contained on this declaration has been examined by me and to the best of my knowledge is true and complete.

SIGNATURE _____ TITLE _____ DATE ____ / ____ / ____

FORMS OF PAYMENT ACCEPTED: CHECK, CASH, OR MONEY ORDERS ONLY.

PLEASE WRITE LICENSE NUMBER ON CHECK MADE PAYABLE TO "CITY OF EAST PALO ALTO"

INSTRUCTIONS FOR COMPLETING DECLARATION

Paragraph numbers below correspond to numbered items on the Declaration. DO NOT FORGET TO CHECK BOX IF MAKING ANY CHANGES ON PREPRINTED INFORMATION.

1. LICENSE NUMBER/INDUSTRY CODE (City use only). DO NOT MAKE ANY CHANGES.
2. (Make necessary corrections)
- 3-4 (Provide necessary information)
5. OWNERSHIP TYPE-Enter correct code from list below:
C = Corporation S = Sole Proprietorship
L = Limited Partnership T = Trust
P = Partnership NP = Non-Profit Organization
- 6-7 (Provide necessary information)
8. 2018 GROSS RECEIPTS is the actual amount received or receivable from all sales; the total amount of compensation actually received or receivable for the performance of any act or service.
9. **HOW TO COMPUTE YOUR TAX (WITH MEASURE O)**

(Enter Gross Revenue)		(Measure O 1.5% Tax)		(Business License Tax)
<input style="width: 100%; height: 20px;" type="text"/>	x	.015	=	<input style="width: 100%; height: 20px;" type="text"/>

NOTE: All taxes are due and payable on or before February 1, 2019 to avoid late penalty. Any tax (or portion thereof) that is unpaid after February 1, 2019 is subject to penalty and interest assessment. NO EXCEPTIONS.

10. PRIOR AMOUNT - An amount preprinted on this line represents 2018 and prior years License fee penalty or interest assessment (calculated through December 31, 2018). Please include this amount plus any additional interest (1% per month) with your payment (see item 12).
11. PENALTY - If the license fee is not paid (postmarked) on or before February 1, 2019, a penalty of 10% per month of the unpaid balance up to 100 % of the total tax originally due will be assessed.
12. INTEREST - If payment is made after February 1, 2019, interest is assessed at 1% per month or fraction thereof from February 2, 2019 until date paid. To calculate interest, multiply 1% times number of months delinquent to determine interest factor, then multiply interest factor times the tax due (Line 9) plus penalty (Line 11).
13. STATE MANDATED FEE - On September 19, 2012 Governor Brown signed into law SB-1186, which adds a state fee of \$4 to each application for a local business license or similar instrument or permit, or renewal thereof effective 1/1/13. 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. This fee is collected by the City and remitted to the State.

Complete the declaration - be sure an Owner, Partner, General Partner, or other authorized person signs the declaration. If mailed, make check or money order payable to "City of East Palo Alto". **DO NOT MAIL CASH.**

To file your declaration and/or obtain information please contact:

MAILING ADDRESS

City of East Palo Alto
Finance Department
2415 University Avenue, 2nd Flr
East Palo Alto, CA 94303

FINANCE DEPARTMENT

Telephone: (650) 853-3153 (650) 853- 3100
Fax: (650) 853-3115
Hours: 9:00 a.m. - 5:00 p.m. (Weekdays)



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Determining Your Measure O Tax

This calculation worksheet is designed to help you determine the appropriate fees associated with the Measure O Tax (1.5% tax on gross rental receipts). Enter the number of units and related gross rental receipts according to the categories that apply.

If you rent less than five residential units in the City of East Palo Alto, please refer to the annual license fee table as provided in the general business license renewal application.

Total Number of Units	Total Units	Gross Rental Receipts
1. Total Number of Residential Rental Units		\$
Less Exempt Units		
a. Units Owned by a Non-Profit Corporation ^A		\$
b. Units Whose Rents are Controlled under Federal State Law ^B		\$
c. Occupied by Tenants Receiving Rental Assistance ^C		\$
d. Units Dwelling during the first 10 Years of Occupancy ^D		\$
2. Total Exempt Units (Sum of lines a. + b. + c. + d.)		\$
Total Units Subject to Measure O Tax		
3. Taxable Under Measure O (Subtract Line 2 from 1)		\$*

City Municipal Code (Section 5.08.125)

- A. Dwelling units owned by a Non-Profit Corporation (or Entity) whose primary purpose is the provision of affordable housing.
- B. Dwelling units whose rents are controlled under state or federal law, deed restrictions, or agreement with public agencies, at rental rates that are affordable to households earning no more than 80% of AMI and whose tenants must be income-qualified.
- C. Units occupied by tenants receiving monthly rental assistance (such as Section 8 vouchers or Shelter + Care) from the County of San Mateo Department of Housing.
- D. Any dwelling unit during the first 10 years after the issuance of a certificate of occupancy.

*Total Number of Units Subject to the Measure O Tax (1.5% Tax on Gross Receipts)

The net gross rental receipts calculated on line 3 are the receipts subject to the Measure O Tax. To calculate the tax, refer to the Measure O business license renewal application.