

## CITY OF ORANGE

**BUSINESS LICENSE DIVISION** 

www.cityoforange.org

PHONE: (714) 744-2267 • FAX: (714) 288-2170

## **BUSINESS LICENSE TAX REVIEW FORM**

If you feel you have received your notice in error, or if you do not believe you (or your business) are subject to the City's business license requirement, please complete this form and return it to the City of Orange.

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

Plea	ase su	bmit this form prior to the Requested Res	sponse Date on your letter.	
		FILE NO:	Principal Business Activity:	
		) Email:		
Plea	se ch	eck True or False to each of the following	j:	
True	e Fals	se		
		This person filed a Schedule C (Profit or Lo Orange address.	oss From Business) with their tax return, using a City of	
		This entity has registered with the Secreta executive office listed in the City of Orange	ry of State as a Corporation / LLC / LP, with the principal e.	
		This person or entity has obtained a Feder	al Tax ID Number from the IRS.	
		This person is self-employed.		
		This person or entity claims office deduction business in the City of Orange.	ons or business expenses for a home office or home based	
		This person has filed a Fictitious Business Orange address.	Name with the Orange County Clerk's office, using a City of	
		This person has received payment as an in	ndependent contractor with a Form 1099 (Misc. Income).	
		This person or entity uses a City of Orange	e address for business mail (including mailbox addresses).	
		This person works in other cities but uses	their home in Orange for their base of operations.	
			al license using a City of Orange address. Please specify Broker, CPA, etc)	
		This business is operated, managed or coll for No, show business address:	ntrolled from a City of Orange address.	
			necking account with a City of Orange address.	
		This person or business is registered with Resale Number, with a City of Orange add	the Board of Equalization and has a Seller's Permit or ress.	
		This person uses advertisements, busines with a City of Orange address.	s cards, business letterhead, or a business phone number,	
		This person or entity is a commercial properties that are rented out:	erty or apartment owner. Please list the addresses of the	

Please Continue on Reverse Side

ORANGE CIVIC CENTER • 300 E. CHAPMAN AVENUE • ORANGE, CA 92866-1591 • P.O. BOX 11024

## BUSINESS LICENSE TAX REVIEW FORM (Page 2)

If ap Orar	oplicable, select one of the fonge.	ollowing common	n reasons th	at <u>may</u> exempt you	ı from business	tax for the City of				
or	<del>-</del>									
	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.									
	<b>This notice was sent to a W2 (salaried) employee.</b> Please complete and return the Employee Certification Form, available on the City web site at <a href="www.cityoforange.org">www.cityoforange.org</a> / Guide to Business / State Franchise Tax Board. You may also call 714-744-2270 to have this form faxed to you.									
	This business entity was dissolved. Attach proof of dissolution.									
	A City of Orange Busines License No.			n issued to this pe	rson or legal er	ntity.				
	This business does not operate in the City of Orange / I do not operate my business in the City of Orange. 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 forwarded to the city listed for their review, where applicable.									
	<u>Address</u>		<u>City</u>	<u>State</u>	Zip Code	City License				
L										
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.										
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