



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 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.

Please submit this form prior to the Requested Response Date on your letter.

NAME: _____ **FILE NO:** _____ **BUSINESS TYPE:** _____

Phone: (_____) _____ Email: _____

Please check Yes or No to each of the following:

Yes No

- When my Income Tax was filed, a Schedule C (Profit or Loss from Business) was included and my residential address was entered on line E as the Business address.
- Business expenses or office deductions were claimed on the Schedule C filed with my tax return. If no, include a copy of your Schedule C with this form.
- On line 30 of my Schedule C, expenses were claimed for the business use of my home in Orange.
- I am self-employed.
- I received payment or commission as an independent contractor with a Form 1099 (Misc. Income).
- I am a salaried W2 employee and have received reimbursements with a Form 1099 (Misc. Income).
- I am a salesperson or consultant for this company: _____
- I use a Commercial Mail Receiving Agency (Mailbox) or P.O. Box for business mail in Orange.
- I have a home office, an internet business, or do freelance work.
- I opened a business checking account in my name or business name, using a City of Orange address.
- I filed a Fictitious Business Name with the Orange County Clerk's office, using a City of Orange address.
- I have a Seller's Permit or Resale Number with a City of Orange address or sub location.
- I use business cards or business letterhead with a City of Orange address.
- My website address is: _____
- A search on the Internet will locate my business in Orange.
- This business is operated, managed, controlled or based in Orange.
If No, show business address: _____
- I have obtained a Federal Tax ID Number from the I.R.S.
- I hold a county, state or federal license using a City of Orange address. Please specify the type and license number (i.e. Contractor, Architect, CPA, etc) _____
- This business has registered with the Secretary of State as a Corporation / LLC / LP, with the principal address in the City of Orange.
- This person or business is a commercial property or apartment owner. Please list the addresses of the rental properties: _____

Please Continue on Reverse Side

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If applicable, select one of the following common reasons that may exempt you from business tax for the City of Orange.

- I have my own commercial business location outside of Orange and do NOT enter the City to provide a service, sell, or deliver a product.**
- My business 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.
- This notice was sent to a W2 (salaried) employee.** Please complete and return the Employee Certification Form, available on the City web site at www.cityoforange.org / Guide to Business / State Franchise Tax Board. You may also call 714-744-2239 to have this form faxed to you.
- This business entity was dissolved.** Attach proof of dissolution.
- A City of Orange Business License has already been issued to this person or business entity.**
License No. _____ Expiration Date: _____
- This business does not operate in the City of Orange but holds a Business License from the City where it operates.** Please list the complete address where business is operated and 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>	<u>Zip Code</u>	<u>City License</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.

Signature: _____ Printed Name: _____

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 print your name.

OFFICE USE ONLY

Date Reviewed: _____ Determination: Upheld Dismissed Reviewer: _____