

**CITY OF SANTA ANA  
BUSINESS TAX OFFICE**

20 CIVIC CENTER PLAZA, FIRST FLOOR (M-15), P.O. BOX 1964, SANTA ANA, CA 92702 (714) 647-5447



**BUSINESS LICENSE TAX APPLICATION  
[STEP 1: COMPLETE APPLICATION]**

MULTIPLE TAX YEAR ASSESSMENT

*Enter (1) File Reference # or (2) Assessor Parcel # below as printed on your Residential Rental Notification Letter*

(1) File Reference # \_\_\_\_\_ (2) Assessor Parcel # \_\_\_\_\_ Today's Date \_\_\_\_\_

Date Property First Rented \_\_\_\_\_ Date Ceased Renting (as applicable) \_\_\_\_\_

Property Street Address \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Business Name (If Applicable) \_\_\_\_\_

Business Telephone No. \_\_\_\_\_ Emergency Telephone No. \_\_\_\_\_

Property Ownership Type: (✓) Sole Owner  General Partnership  LP  Corporation  LLC  Trust

*If a Sole Owner or Trustee - Enter Your Name, Resident Address and Social Security Number or Federal Employee Identification Number - (as applicable) below:*

Name \_\_\_\_\_ SSN \_\_\_\_\_ FEIN \_\_\_\_\_

Resident Address \_\_\_\_\_

*If a General or Limited Partnership, Corporation, or LLC - Enter the Names & Addresses of Two General Partners, or Two Corporate Officers, or Two Managing Members, and the Federal Employee Identification Number below:*

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Federal Employee ID No. \_\_\_\_\_

Property Management Company or Agent (if applicable) \_\_\_\_\_

Property Management Address \_\_\_\_\_

Contact Person/Title \_\_\_\_\_ Telephone No. \_\_\_\_\_

E-mail \_\_\_\_\_ Fax Phone No. \_\_\_\_\_

# BUSINESS LICENSE TAX ASSESSMENT WORKSHEET

## [STEP 2: COMPLETE REPORT OF NUMBER OF RENTAL UNITS - REQUIRED / COMPUTE TAX - OPTIONAL]

(You may self-compute your tax manually by printing & completing this form, or you may complete it electronically as a fillable self-calculating PDF, or you can let us do it for you based on your reported Date Property First Rented and the Number of Units you report below. If you choose to complete this form manually and have us calculate your tax: report the Number Of Units and leave Tax Amount Due blank - pay only the \$30 Registration Charge now and we will send you a bill with a 30 day grace period.)

TAX YEAR	BASE FEE AMOUNT	PER UNIT RATE	NUMBER OF UNITS	PRORATION RATE	TAX AMOUNT DUE
_____ *	\$ _____ Base Fee +	[ \$ _____ X	_____ Unit(s) ]	_____ =	\$ _____
_____ *	\$ _____ Base Fee +	[ \$ _____ X	_____ Unit(s) ]	_____ =	\$ _____
_____ *	\$ _____ Base Fee +	[ \$ _____ X	_____ Unit(s) ]	_____ =	\$ _____
_____ *	\$ _____ Base Fee +	[ \$ _____ X	_____ Unit(s) ]	_____ =	\$ _____

\* If you started renting after March 31<sup>st</sup> of your initial year, the 1st year's tax is prorated. To manually prorate first *divide* the initial year's Tax Amount Due by 4 (representing the 4 calendar quarters); then *multiply* this amount by the number of quarters starting with the quarter in which the property was first rented during the initial year. Enter the prorated amount under Tax Amount Due.

## [STEP 3: SIGN, DATE & MAIL-IN COMPLETED APPLICATION/WORKSHEET - MINIMUM \$ \_\_\_\_\_ REGISTRATION REQUIRED]

Tax Amount Due Total - (Manually/automatically self-compute or leave blank and we will calculate) \$ \_\_\_\_\_

50% Penalty - (✓) \_\_\_\_\_ (Not applicable with timely submission of worksheet & minimum payment) . \$ \_\_\_\_\_

Business License Tax Registration Charge - (\$ \_\_\_\_\_ Required) ..... \$ \_\_\_\_\_

Total Amount Due - (Tax Amount Due Total + Penalty (when applicable ✓) + Registration Charge).. = \$ \_\_\_\_\_

Total Amount Remitted - (\$ \_\_\_\_\_ minimum payment required - we will bill you for the balance). - \$ \_\_\_\_\_

Balance Due ..... = \$ \_\_\_\_\_

If you pay by check and it is returned, you expressly authorize the electronic debit of your account for the check amount plus a processing fee and applicable sales tax.

I DECLARE UNDER PENALTY OF PERJURY, THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_