TAXPAYER INFORMATION UPDATE FORM

LEGAL NAME ___________________________ ACCOUNT NUMBER ______________________

PLEASE COMPLETE APPROPRIATE INFORMATION

YOU MUST CALL (844) 663-4411 for further instructions if you have any change in ownership / legal name or a change on the police or fire permit. You may use this form to cancel an Alarm Police Permit or a Fire Permit.

☐ (a) DBA (DOING BUSINESS AS) ___________________________ DATE __________
☐ (b) BUSINESS ADDRESS ___________________________ DATE __________
☐ Residential ☐ Commercial

IF YOUR BUSINESS ADDRESS HAS CHANGED, PLEASE CHECK AND COMPLETE BOX (B) IF YOU CONTINUE TO BE SUBJECT TO THE TAX. PLEASE NOTE THAT IF YOU HAVE MOVED OUTSIDE THE CITY OF LOS ANGELES AND SOLICIT OR PROMOTE BUSINESS ACTIVITIES WITHIN THE CITY OF LOS ANGELES, YOU ARE REQUIRED TO PAY TAX IF YOU CONDUCT BUSINESS IN THE CITY SEVEN OR MORE DAYS IN A CALENDAR YEAR. IF YOU RELOCATED ALL OR PART OF YOUR BUSINESS OUTSIDE THE CITY OF LOS ANGELES, WHETHER OR NOT YOU ARE SUBJECT TO THE TAX, STATE REASON(S) FOR THE RELOCATION AND NEW PHONE NUMBER. __________

☐ (c) MAILING ADDRESS ___________________________ DATE __________
☐ Residential ☐ Commercial

c/o ___________________________

☐ (d) ENTIRE BUSINESS SOLD OR DISCONTINUED WITHIN THE CITY OF LOS ANGELES DATE __________

PLEASE PROVIDE, IF APPLICABLE, NEW OWNER’S NAME, ADDRESS, PHONE NUMBER AND LOCATION FOR BUSINESS PROPERTY(S) SOLD

☐ (e) CLASSIFICATION DISCONTINUED BUSINESS AND/OR USERS TAX

POLICE ALARM PERMIT (P) __ __ DATE __________
FIRE PERMIT (F) __ __ DATE __________

CLASS CODE(S) __ __ __ DATE __________

PLEASE PROVIDE, IF APPLICABLE, NEW OWNER’S NAME, ADDRESS, PHONE NUMBER AND LOCATION FOR THE BUSINESS TAX CLASSIFICATION SOLD

PLEASE INCLUDE YOUR EMAIL ADDRESS: ___________________________

SIGNATURE ___________________________ DATE __________________

PLEASE RETURN SIGNED FORM TO: FINANCE.CUSTOMERSERVICE@LACITY.ORG OR OFFICE OF FINANCE, SPECIAL DESK UNIT, 200 N. SPRING ST. ROOM 101, LOS ANGELES, CA 90012

REV. 09/16