

Request for Business Tax Review

Name: _____ File No: _____

Telephone: _____ Email: _____

Overview of Process

If you feel you received a notice in error, or if you do not believe you or your business is subject to the business tax requirement, you may take the following actions, in the order shown:

1. Request for Business Tax Review (this form). The Request for Business Tax Review provides the opportunity for you to give additional facts about your business conduct which could prove you or your business is not subject to the business tax requirements in Santa Rosa. Upon review of your response, you will receive a written determination, notifying you of the findings.
2. Administrative Review. If you disagree with the written determination from the Business Tax Review, you can request an Administrative Review by completing the Administrative Review Request form. Your facts and documentation will be reviewed and you may be invited to present the facts and answer questions in person to a Department Supervisor/Manager. As a requirement you must complete a Business Tax Certificate Application and include payment of all tax and penalty/interest amounts due and submit with the Administrative Review Request form. Your business tax payment will be refunded if the determination is reversed.

Instructions for Completing Business Tax Review Request Form

- For each notice you received, complete a separate form. If you list multiple file numbers on the same form, it will be returned, with no extensions of deadline.
- Provide the name, telephone number and/or email address of the person who can be reached should clarification be required.
- Check one of the boxes next to the common reasons that may exempt persons from the Santa Rosa Business Tax requirements.
- Be sure to attach any supporting documents, as requested, depending on what box you checked.
- Sign and print your name.

Please check Yes or No to each of the following:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | This person or entity has filed a tax return with the Franchise Tax Board (FTB) as a business or trade indicating a Santa Rosa address. |
| <input type="checkbox"/> | <input type="checkbox"/> | This entity has registered with the Secretary of State as a Corporation LLC LP, indicating the principal address is in Santa Rosa. Circle the status of the entity. (Legal entities only.) <ul style="list-style-type: none"> • Active • Dissolved Canceled Suspended Forfeited Surrendered Merged Out Expired. Indicate date on which this status was obtained. _____ Provide proof if any. |
| <input type="checkbox"/> | <input type="checkbox"/> | This person or entity has obtained an Employer Identification Number from the IRS. |
| <input type="checkbox"/> | <input type="checkbox"/> | This person or entity claims office deductions or business expenses for commercial or residential based business conducted at a Santa Rosa address. |
| <input type="checkbox"/> | <input type="checkbox"/> | This person or entity has filed a Fictitious Business Name with the Sonoma County Clerk's office indicating a Santa Rosa address. |
| <input type="checkbox"/> | <input type="checkbox"/> | This person has received compensation as an independent contractor and/or on a Form 1099 for work done in Santa Rosa. |
| <input type="checkbox"/> | <input type="checkbox"/> | This person or entity is already registered with the City at this business location and has a valid Business Tax Certificate, please provide your Santa Rosa Business Tax Certificate # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | This person or entity uses an address within the city limits of Santa Rosa for receipt of business mail, including PO box addresses. |

- | | | |
|------------|-----------|--|
| Yes | No | |
|------------|-----------|--|
- This entity is operated, managed or controlled from a Santa Rosa address (legal entities only).
*Note: If you check NO, please list the address below.
 - This person or entity holds other state or federal licenses using a Santa Rosa address. Please specify the type and license number.
License No. _____ Type: _____
 - A business checking account was opened in the name of this person or entity using a Santa Rosa address.
 - This person or entity is registered with the California State Board of Equalization (Seller's Permit), using a Santa Rosa address.
 - This person or entity represents to the public by advertisement, business cards, business letterhead, and (or) a business phone number indicating or associated with a Santa Rosa address.
 - The Agent for Service of Process is located in Santa Rosa (applies to legal entities only).
*Note: The Agent for Service is the person authorized to receive correspondence for your entity.
 - This entity uses an accountant's or an attorney's address indicating Santa Rosa.
Accountant/Attorney name: _____

Actual address of client: (taxpayer) _____

 - This person or entity is a property owner and leases/rents property to other businesses or people.
 - This entity is recognized as a tax-exempt organization. (Attach proof of exemption.)
 - This notice was sent to a W2 (salaried) employee. Please return Employee Certification, available from the City website www.srcity.org/bt.
 - This entity was dissolved. Must provide evidence and attach proof of dissolution.
 - This entity/person holds an active State of California License, but is NOT actively engaged in the specified trade.
 - Pay "in lieu" fee to State of California (ex: CALT# or PUC# from DMV.) Please attach copy of certificate or provide appropriate # for proof of exemption.
 - Residential Care Center for 6 or less children/adults, In-home day care for 8 or less children, Residential Community Care Facility of 6 or less (please circle one)
 - This business does not operate in Santa Rosa/I do not operate my business in Santa Rosa. Please list the complete address where business is operated at and, where applicable, the business tax license number for the city in which it is operated at.

Address: _____ City: _____ State: _____ Zip: _____ City Tax Lic#: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge. I understand any statements made herein can or will be verified.

_____ Signature	_____ Printed Name
_____ Date	_____ Position/Title

OFFICE USE ONLY			
Date Received _____	Determination: _____ Upheld _____ Exempt _____	Reviewer _____	