



CITY OF LOS ANGELES

FOR OFFICE USE ONLY

PROCESSED BY: _____

PAYMENT DATE: _____



CITY OF LOS ANGELES

Care of:
Legal Name:
Business Address:
Mailing Address:

PLEASE FOLD SO THAT LOWER CITY OF LOS ANGELES ADDRESS SHOWS THROUGH RETURN ENVELOPE WINDOW

COMMUNICATIONS USERS TAX STATEMENT

Table with 6 columns: ACCOUNT NUMBER, FUND/CLASS CODE, PERIOD, OUT OF BUSINESS DATE, DATE DUE, DELINQUENT AFTER

PLEASE COMPLETE THE FOLLOWING TAX INFORMATION. THE TAX RATE IS 9% OF THE TAXABLE CHARGES.

- 1. Enter intrastate taxable charges for the period indicated above.
2. Enter interstate/international taxable charges for the period indicated above.
3. Enter other taxable charges for period shown above.
4. *Enter total taxable charges for the period indicated above (sum of line 1, 2, and 3). (BASIS FOR TAX)
5. Multiply Line 4 by 9% (0.09)
6. Enter interest, if delinquent (see the second page).
7. Enter penalty, if delinquent (see the second page).
8. Enter total tax, interest and penalty due (the sum of lines 5, 6 and 7). PAY THIS AMOUNT

*Must include, but is not limited to: usage charges for VoIP, Private Communications Services (such as T-1 lines), custom calling features, text messaging, instant messaging, ancillary services, prepaid and post-paid services, paging services and 800 services as well as other covered charges such as monthly service fees, feature charges, equipment rentals, deaf trust surcharges, State PUC users fees, Universal Life Trust Fund, late payment charges, and charges for non-taxable services billed together with taxable services.

PLEASE MAKE A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS. RETURN ORIGINAL WITH YOUR PAYMENT.

Payment by: [] Check [] Money Order [] MasterCard [] Visa [] Discover [] American Express [] ACH
Name on Card (Print) _____ Acct # _____ Exp Date ___ - ___ - ___
Amount Paid \$ _____ Authorized Signature _____ Date _____
Billing Address of Cardholder _____ Zip Code _____
Payments of \$50,000 or more require ACH (see reverse) --For office use only-- Auth. #- _____ Date Keyed _____
MAKE CHECK OR MONEY ORDER PAYABLE TO: Office of Finance, City of Los Angeles
Your check or money order must be drawn on United States banks only. Please write your account number on your payment.

I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE THE FOREGOING IS TRUE AND CORRECT. SIGNATURE _____ DATE _____ TITLE _____ DAYTIME PHONE () _____

IF THERE HAS BEEN A NAME, ADDRESS, OR OWNERSHIP CHANGE, PLEASE COMPLETE THE SECOND PAGE AND THE FORM ABOVE, COMPUTE THE TAX AND RETURN THE FORM TO THIS OFFICE WITH YOUR PAYMENT. IF THIS BUSINESS ACTIVITY HAS BEEN DISCONTINUED, PLEASE COMPLETE THE FORM.

TAX OR FEE IS NOW DUE

MAIN OFFICE					
City Hall (Use Main St. Entrance)	200 N. Spring Street	Rm. 101	PHONE (213) 473-5901	Open Mon. through Fri.	8 AM to 5 PM
BRANCH OFFICES					
Van Nuys Civic Center Braude Constituent Services Center	6262 Van Nuys Blvd.	Rm. 110	PHONE (818) 374-6850	Open Mon. through Fri.	8 AM to 5 PM
West Los Angeles	1828 Sawtelle Blvd.	Rm. 102	PHONE (310) 575-8888	Open Mon. through Fri.	8 AM to 5 PM
Hollywood	6501 Fountain Ave.		PHONE (213) 485-3935 (213) 485-6305	Open Mon. through Fri.	8 AM to 5 PM
San Pedro	638 S. Beacon Street	Rm. 211	PHONE (310) 732-4537	Open Mon., Wed., Fri.	7:30 AM to 12 Noon 1 PM to 4:30 PM
Westchester Municipal Building	7166 W. Manchester Ave.	Rm. 9	PHONE (213) 473-6750	Open Tues., Thurs.	8 AM to 12 Noon
Watts Civic Center Building	10221 Compton Ave.	Rm. 202	PHONE (213) 473-5109	Open Tues., Thurs.	1 PM to 4:30 PM
Figueroa Plaza Building One Stop Permitting Center	201 N. Figueroa St.	3 RD Floor Counter 17	PHONE (213) 482-7032	Open Mon., Tue., Thu., Fri. Wed.	7:30 AM to 4:30 PM 9 AM to 4:30 PM

IMPORTANT INFORMATION

ARTICLE 1.1 of the L.A.M.C.

Visit the Office of Finance website at <http://www.lacity.org/finance/>, or contact us at Finance.PhoneTax@lacity.org for more information.

The person(s) providing information regarding the supply of communications services subject to the tax must collect taxes imposed by Article 1.1 of the Los Angeles Municipal Code from service users. **Communications service providers must report and remit the tax on either their charges paid or their charges billed, depending on their previously selected method. The tax period, due and delinquent dates are based on these methods.** When collections are not remitted to the City of Los Angeles, Office of Finance before the delinquent date, interest and penalties accrue as follows:

INTEREST – If any tax due for a month is not paid in one of the offices listed above by **5 P.M.** (or postmarked by the U.S. Post Office by 11:59 P.M., if mailed) by the due date, interest at the rate of **0.7% per month** shall apply to the principal tax due until paid. Interest applies only to the principal tax due and not to any penalty incurred for delinquency.

PENALTY – If any tax due for a month is not paid in one of the offices listed above by **5 P.M.** (or postmarked by the U.S. Post Office by 11:59 P.M., if mailed) by the due date, a penalty of **5%** of the principal tax due shall apply. A penalty of **10%** applies to the 2nd month of delinquency, **15%** applies to the 3rd month of delinquency, and **20%** applies to the 4th month. An additional penalty of 20% of the tax due shall apply if payment is not made on or before the last day of the fourth month following the imposition of the first penalty. Penalty applies only to the principal tax due, and not to any interest incurred for delinquency.

Please note that on September 25, 2004 Ordinance #176160 became effective requiring all tax payments of \$50,000 or more to be made by electronic funds transfers. You must pre-register in order to make payment by means of electronic funds transfers. Please call (213) 368-7166 for further information.

CHECK APPROPRIATE STATEMENT

- (a) LEGAL NAME CHANGE _____ DATE _____
IF THIS IS AN OWNERSHIP CHANGE, NEW OWNER'S PHONE NUMBER (_____) _____
- (b) BUSINESS ADDRESS _____ DATE _____
CITY _____ STATE _____ ZIP _____
IS THIS A RESIDENTIAL ADDRESS (Y/N)? _____ IS THIS ADDRESS LOCATED OUTSIDE THE UNITED STATES (Y/N)? _____
- (c) DBA (DOING BUSINESS AS) _____ DATE _____
- (d) MAILING ADDRESS _____ DATE _____
CITY _____ STATE _____ ZIP _____
C/O _____
IS THIS A RESIDENTIAL ADDRESS (Y/N)? _____ IS THIS ADDRESS LOCATED OUTSIDE THE UNITED STATES (Y/N)? _____
- (e) ALL RENTAL PROPERTIES SOLD _____ DATE _____
- (f) ENTIRE BUSINESS (ES) SOLD OR DISCONTINUED _____ DATE _____
- (g) INDIVIDUAL BUSINESS ACTIVITY SOLD OR DISCONTINUED _____ DATE _____ CLASS CODE (S) _____
- (h) PORTION OF BUSINESS ACTIVITY SOLD OR TRANSFERRED _____ DATE _____ CLASS CODE (S) _____
- (i) IF YOU RELOCATED ALL OR PART OF YOUR BUSINESS OUT OF THE CITY OF LOS ANGELES, STATE REASON(S) HERE: _____

