CITY OF EMERYVILLE

INCORPORATED 1896

1333 PARK AVENUE
EMERYVILLE, CALIFORNIA 94608–3517

TEL: (510) 596-4300 FAX: (510) 450-7831

2016 RESIDENTIAL LANDLORD BUSINESS LICENSE TAX RETURN

Returns are due January 1, 2016 and delinquent if received or postmarked after March 1, 2016

E-MAIL ADDRESS:_____

BUS #
BUS NAME
ADDRESS
CITY ST ZIP

PLEASE NOTE: *for multiple units within a property please provide unit details on the attached spreadsheet.*

PROPERTIES	ADDRESS	GROSS RECEIPTS
PROPERTY#1		$
PROPERTY#2		$
PROPERTY#3		$
PROPERTY#4		$
PROPERTY#5		$
PROPERTY#6		$
PROPERTY#7		$
PROPERTY#8		$
PROPERTY#9		$
PROPERTY#10		$
TOTAL GROSS RECEIPTS FROM ALL PROPERTIES		$

Line			
A.)	Gross Receipts All Properties:	$	Enter Total Gross Receipts from above
B.)	Tax Rate:	x .0010	
C.)	Tax Due: **Min Tax Due is $25**.	$	Multiply line "A" by line "B"
D.)	Penalty (See Box 1 below):	$	**If the return is postmarked after 03/01, Penalties are due.**
E.)	Subtotal	$	Sum of lines "C" and "D"
F.)	Interest (See Box 2 below):	$	**If the return is postmarked after 03/01, Interest is due.**
G.)	Renewal Fee	**$10.00**	
H.)	**State Mandated Disability Access & Education Revolving Fund***	**$1.00**	
	Total Due:	$	Sum of lines "E", "F", "G", "H"

*On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of $1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified. *"Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx, The Department of Rehabilitation at www.rehab.cahwnet.gov, The California Commission on Disability Access at www.ccda.ca.gov."

Line	Box 1- Penalty Calculation	If the return is postmarked after 03/01, Penalties are due.	
I.)	Tax Due:	$	Enter amount from line "C" above
J.)	Penalty Rate:	x .05	Monthly penalty rate
K.)	Monthly Penalty:	$	Multiply line "I" by line "J", enter amount here
L.)	Number of months delinquent:	x	Enter total number of months delinquent, max 5 months.

D.)	Total Penalty due:	Multiply line "K" by line "L", enter amount on line "D" above

Line	Box 2- Interest Calculation	If the return is postmarked after 03/01, Interest is due.	
M.)	Subtotal of Tax Due & Penalties:	$	Enter Subtotal from line "E" above
N.)	Monthly Interest Rate:	x .015	Monthly interest rate
O.)	Monthly Interest Due:	$	Multiply line "M" by line "N"
P.)	Number of months delinquent:	x	Enter total number of months delinquent
F.)	Total Interest Due:		Multiply line "O" by line "P", enter amount on line "F" above

I declare, under penalty of perjury, that the information on this return is true and correct.

Signature: _____ Title: _____

Print name: _____ Date: _____

CLOSURE OF BUSINESS

If the business is closed, please complete this section, sign the Affidavit above, and return this form to the City of Emeryville so we can update our records.

Date Business Closed _____ Reason for Closure _____

If moved from Emeryville, why?_____

FOR OFFICE USE ONLY: ☐ Updated BL to "C" in Pentamation Date Updated _____ Processed by _____

Property #____

Duplicate and/or provide additional attachments as needed

Bus #	
Bus Name	
Property Manager	
Address	
City, State, ZIP	
Email address	

Unit Mailing Address	Unit Number	Gross Receipts
	Total (ties to Gross Receipts total on page 1)	

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Bus#: _____
Business Name: _____
Date Completed: _____

Service Provider Survey

Please enter your business name in the space provided above. Please fill out the names and addresses of the service providers that your business utilizes throughout the year.

Property Manager: _____
Address: _____
Phone Number: _____

Leasing Agent: _____
Address: _____
Phone Number: _____

Security Service: _____
Address: _____
Phone Number: _____

Alarm Company: _____
Address: _____
Phone Number: _____

Vending/ATM Machines: _____
Address: _____
Phone Number: _____

Parking Service: _____
Address: _____
Phone Number: _____

Landscaping Service: _____
Address: _____
Phone Number: _____

HVAC Service: _____
Address: _____
Phone Number: _____

Elevator Maint Service: _____
Address: _____
Phone Number: _____

Window Cleaners: _____
Address: _____
Phone Number: _____

Delivery Service: _____
Address: _____
Phone Number: _____

Laundry/Linen Service : _____
Address: _____
Phone Number: _____

Janitorial Service: _____
Address: _____
Phone Number: _____

Uniform Service: _____
Address: _____
Phone Number: _____