



CITY OF EMERYVILLE

INCORPORATED 1896

1333 PARK AVENUE
EMERYVILLE, CALIFORNIA 94608-3517

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

2017 COMMERCIAL LANDLORD BUSINESS LICENSE TAX RETURN

Returns are due January 1, 2017 and delinquent if received or postmarked after March 1, 2017

BUS # _____

E-MAIL ADDRESS: _____

#OF EMPLOYEES: _____

RE: _____

Line

A.) Gross Receipts:	\$ _____	Enter gross receipts from previous year
B.) Tax Rate:	x .0035	
C.) Tax Due: Min. Tax Due is \$25	\$ _____	Multiply line "A" by line "B" If the return is postmarked after 03/01, Penalties are due.
D.) Penalty (See Box 1 below):	\$ _____	
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.coda.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

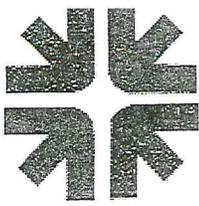
I declare, under penalty of perjury, that to my knowledge all information contained in this statement/tax return is true and correct.

Signature: _____

Title: _____

Print name: _____

Date: _____



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ANNUAL BUSINESS LICENSE RENEWAL PACKET

December 12, 2017

Dear Business Owner/Operator:

Enclosed is your Annual Business License Tax package for 2017. Please update and complete the enclosed Business License Tax Return, Tenant List, and Services Provider form for **each and every property owned in the City of Emeryville** and return them with the required payment of taxes due to:

**City of Emeryville Finance Department
Department 05756
PO Box 39000
San Francisco, CA 94139-5756**

Please make checks payable to the City of Emeryville.

Updating Information on Tax Return and New Business License Application

It is important that you complete and/or make any corrections to the information preprinted on the Business License Tax Return provided in this package. For corrections, please "line out" the incorrect information and print the correct information above it. Businesses that have changed ownership must complete a new business application. A copy of the application is available on the City's website at: <http://www.emeryville.org> or may be requested by e-mailing: dvink@emeryville.org or calling 510-596-4325.

Business License Tax Rate & Calculation

The Commercial Landlord business tax rate is .35% of annual gross receipts (GR x .0035), **with a minimum annual tax of \$25.00 and a 2017 maximum tax of \$341,742.73. There is also a \$10.00 renewal fee and a \$1 State Mandated Disability Access Fee for a total minimum payment of \$36.00.** Business License Taxes are calculated based upon the prior calendar year's gross receipts. Therefore, the Business License issued for the year 2017 is based upon 2016 gross receipts. ***The gross receipts from the sale of any Commercial Property within the City of Emeryville should also be included in the Total Gross Receipts.***

Due Date, Delinquency, Remittance Information

Business License Taxes are due January 1, 2017 and become delinquent after March 1, 2017. Payments postmarked or received at the Finance Department counter after March 1, 2017 will be considered delinquent and subject to penalties and interest. The penalty rate is 5% per month with a maximum rate of 25% (5 months) of the tax amount. The interest on delinquent accounts is 1.5% per month on the total outstanding balance (tax + penalty) with no cap. Payments are accepted either by post at the above address or in person at the City of Emeryville Finance Department counter located in the City of Emeryville Administration Building at 1333 Park Avenue, Emeryville, CA 94608.

Additional Information

Please complete the enclosed Tenant List and Service Provider's forms. Current licenses will be held until these forms are complete. Please note that the current Emeryville Municipal Code is available on the City's website at: <http://www.emeryville.org>. If you have questions regarding the Municipal Code, the Business License renewal process or calculations of your Business License Tax due for 2017, please call Desiri Vink at (510) 596-4325 or email: Dvink@emeryville.org. Sincerely,

Desiri Vink
Finance Department- Business Licenses



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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: _____