



MAIL IN PAYMENT FORM

Business Name: _____

Address: _____

Phone: _____

Business License Number: _____

If you are going to mail or bring your payment into the office please fill out the information below. We need this information to process payment. Please see tax schedule for amount due.

Gross receipts \$ _____ Tax Due \$ _____

Number of Professionals- _____ Tax Due \$ _____

Number of Associates- _____ Tax Due \$ _____

Number of Employees- _____ Tax due \$ _____

Manufacturing Flat Fee- _____ Tax Due \$ _____

Residential Rentals/Apartments/Hotels: # of units- _____ (See tax schedule for proration)

Yearly rate- _____ Tax Due \$ _____

(Can use an excel spreadsheet to calculate the above)

Commercial rental-Sq. ft. rented- _____ Tax Due \$ _____

MUST INCLUDE \$4.00 STATE MANDATED FEESB1186 TO THE BALANCE DUE.

AFFIDAVIT: I hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

Signature _____ Dated _____

Email address: _____

Business License Tax id due January 1 and becomes delinquent on February 1. Penalties are 20% per month, up to 100%.