

Please Type or Print

# Rental Business Tax Application

Business Tax Application

New  
Change of Ownership  
Other

Name of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Business Mailing Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Type of Units      Commercial/Industrial      Residential/Apartments      Hotel/Motel      Number of Units \_\_\_\_\_

Type of Ownership      Individual      Partnership      Corporation

Owner(s) \_\_\_\_\_

Residence Address \_\_\_\_\_ Telephone \_\_\_\_\_

### Provide the Following where Applicable

State Sales Tax Number \_\_\_\_\_ State Employer Number \_\_\_\_\_ Social Security Number \* \_\_\_\_\_

Federal ID # \_\_\_\_\_ Drivers License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Manager Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

In Case of Emergency – Other than Above

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Estimated Gross Rents (12 Months)      \$ \_\_\_\_\_

License Tax Fee Due (see schedule below)      \$ \_\_\_\_\_

Application Fee

Total Amount Due      \$ \_\_\_\_\_

### TAX RATE SCHEDULE "R"

#### If the Gross Rents Are

Under \$ 3,000.00

Over \$ 3,000.00 but not over \$ 10,000.00

Over \$ 10,000.00 but not over \$ 20,000.00

Over \$ 20,000.00

#### The Tax Is

\$ 12.00

\$ 12.00 plus \$ 1.50 per \$ 1,000 or fraction thereof over \$ 3,000.00

\$ 22.50 plus \$ 2.50 per \$ 1,000 or fraction thereof over \$ 10,000.00

\$ 47.50 plus \$ 3.50 per \$ 1,000 or fraction thereof over \$ 20,000.00

I declare under penalty of perjury that this application and any attachments thereto have been examined by me and to the best of my knowledge and belief represent a true and complete statement of the facts.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

#### Notice:

Business Licenses are issued pending the approval of any or all of the above named regulatory divisions. Preliminary filing of this application does not constitute evidence that the above described business has met the requirements of the Fontana City Code or Regulatory Departments of the City of Fontana.

\*Disclosure of your U.S. social security number is mandatory on this application. Public Law 94-455 (42 USC 405(2)(C))

authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes.

### Department Approvals

Planning \_\_\_\_\_

Building & Safety \_\_\_\_\_