



**City of Yuba City
Annual Business License Renewal
Affidavit of Gross Receipts**

License Year:	2017
License Number:	
Service Code:	

I DECLARE, UNDER PENALTY OF PERJURY, THAT THIS AFFIDAVIT AND ANY SUPPORTING DATA HAVE BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT AS PRESENTED.

_____ DATE _____ EMAIL _____

Signature Required

Business Phone _____ FEIN # OR Soc. Sec. # _____ Home Based Y or N _____

Primary Business Activity _____ Online User ID _____

Business Name	# of Full Time Employees: _____
Mailing Address	Business Address
City, State, Zip	City, State, Zip

IF BUSINESS NAME OR LOCATION HAS CHANGED, PLEASE PROVIDE SUPPORTING DOCUMENTATION – FICTITIOUS NAME STATEMENT, ARTICLES OF INCORPORATION, ZONING CLEARANCE, ETC.

PLEASE NOTE: TOP SECTION MUST BE FULLY COMPLETED TO BE PROCESSED – COPIES NOT ACCEPTED

All City of Yuba City business licenses have an expiration grace period until February 15th. A 10% penalty will be imposed upon licenses not fully paid on or before midnight February 15th. Each additional penalty will be imposed on the 15th of each month.

IF YOU ARE A LICENSED CONTRACTOR, PULLING PERMITS IN YUBA CITY, COMPLETE ABOVE, AND RETURN WITH PAYMENT OF \$36.00* ONLY.

IF TRUCKING OR TRANSPORTATION (NOT TAXI), COMPLETE ABOVE, AND RETURN WITH PAYMENT OF \$40.00* PER VEHICLE PLUS ONE-TIME \$1 SB1186 FEE ONLY.

TO BE COMPLETED BY ALL APPLICANTS. SEE REVERSE FOR INSTRUCTIONS

1. Actual Gross Receipts for prior calendar year for primary service code (round to the nearest thousand). \$ _____

2. Actual Gross Receipts for additional service code (if applicable) (round to the nearest thousand), if not enter -0-: \$ _____

3. Add lines 1 and 2 and enter sum here. This is your **TOTAL GROSS RECEIPTS**: \$ _____

Calculate your tax using the following instructions:

4. Divide the amount from line 1 and 3 by 1,000 and enter here (round to nearest thousand): Line 1 Amount \$ _____ Line 2 Amount \$ _____

5. Enter tax rate here: (\$0.22, \$0.44, or \$0.77, see below and reverse) Line 1 Tax Rate \$ _____ Line 2 Tax Rate \$ _____

Code:	<u> \$0.22 </u>	<u> \$0.44 </u>	<u> \$0.77 </u>
	ADM/HEA MANUF PUBT RETAIL	RET/FIRE WHOLE WSLE/RET	BARBERSHOP BARB/RENT ENT MANIC/RENT NAILSALON REC
			REN/COM SALON/RENT SERV REN/RES SALON/OWN PROF

6. Multiply the amounts from line 4 by the rate from line 5 and enter here: Line 1 total \$ _____ Line 2 total \$ _____

7. Standard Base Service Fee: (*does not apply to contractors or transportation-See above*) \$ _____ **46.00**

8. CA SB 1186 Fee*: \$ _____ **1.00**

*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.cdda.ca.gov.

9. Add lines 6, 7 and 8 and enter the sum here. This is your **TOTAL AMOUNT DUE**: \$ _____

INSTRUCTIONS

Business Information

Please fill out and complete all information requested on this form to ensure your business activity is correctly identified by standard industry codes. Indicate your primary business activity such as: clothing store, service station, department store, dentist, etc. If your business name or location changes, please provide appropriate supporting documentation – articles of incorporation, fictitious name statement, zoning clearances, etc.

Gross Receipts Information

Indicate your actual gross receipts if your business *was* in operation for the entire previous calendar year. If your business *was not* in operation for the entire previous calendar year, enter an estimate of what the total gross receipts would have been had you been in business for the entire calendar year. Any additional questions concerning gross receipts may be addressed to the City of Yuba City Finance Department at (530) 822-4618. **If you have multiple tax rates for your business, the gross receipts must be broken down by tax rate.**

GROSS RECEIPT INFORMATION IS SUBJECT TO AUDIT.

Tax Rate Code Information

ADM/HEA	Administrative Headquarters	PROF	Professional	RET/FIRE	Retail Sales with Fire Arms
BARB/RENT	Rent Booth Barbershop	PUBUT	Public Utilities	SALON/OWN	Salon Owner Service
BARBERSHOP	Barbershop Owner	REC	Recreation Service	SALON/RENT	Rent Booth Salon
ENTER	Entertainment Service	REN/COM	Rentals - Commercial	SERV	Service
MANUF	Manufacturer	REN/RES	Rentals - Residential	WHOLE	Wholesale
NAILSALON	Salon Owner Service	RETAIL	Retail	WSLE/RET	Wholesale/Retail

SAMPLE TAX CALCULATION

For a service and retail business whose annual gross receipts were \$102,865.87 in 2016

TO BE COMPLETED BY ALL APPLICANTS. (SEE ENCLOSED INSTRUCTIONS)

- Actual Gross Receipts for prior calendar year for primary service code (round to the nearest thousand). \$ 100,000
- Actual Gross Receipts for additional service code (if applicable) (round to the nearest thousand), if not enter -0-. \$ 300
- Add lines 1 and 2 and enter sum here. This is your **TOTAL GROSS RECEIPTS:** **\$ 130,000**

Calculate your tax using the following instructions:

- Divide the amount from line 1 and 3 by 1,000 and enter here (round to nearest thousand): Line 1 Amount \$ 100 Line 2 Amount \$.03
- Enter tax rate here: (\$0.22, \$0.44, or \$0.77, see below and reverse) Line 1 Tax Rate **\$ 44.00** Line 2 Tax Rate **\$.06**

Code:

\$0.22

\$0.44

\$0.77

SERVICE

RETAIL

ADM/HEA
MANUF
PUBT
RETAIL

RET/FIRE
WHOLE
WSLE/RET

BARBERSHOP
BARB/RENT
ENT
MANIC/RENT
NAILSALON
REC

REN/COM
SALON/RENT
SERV
REN/RES
SALON/OWN

PROF

- Multiply the amounts from line 4 by the rate from line 5 and enter here: Line 1 total \$ 44.00 Line 2 total \$.06

7. Standard Base Service Fee: (*does not apply to contractors or transportation*) \$ 46.00

8. CA SB 1186 Fee*: \$ 1.00

*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.cdda.ca.gov.

- Add lines 6, 7 and 8 and enter the sum here. This is your **TOTAL AMOUNT DUE:** **\$ 91.06**

THIS IS NOT AN INVOICE. THIS IS AN EXAMPLE CALCULATION ONLY.