



INSTRUCTIONS FOR COMPLETING NEW BUSINESS APPLICATION

Below are the instructions for completing the New Business Application. The application immediately follows the instructions.

1. Enter your business name (if you do not have an actual business name, enter your name).
- 2-3. Enter your business address (do not use a post office box).
4. Enter your business telephone number.
5. Enter your contact telephone number (if different from your business telephone number).
6. Enter the date your business started. ***Note: for those businesses located outside of Oakland, enter the date in which you first started your business activity in Oakland.***
7. Enter the number of full-time employees.
8. Enter the appropriate ownership type.
- 9-12. Enter your current mailing name and address.
13. Enter the owner(s) name(s).
14. Enter your Zoning Permit Number (applicable if your business is based in Oakland).
15. Enter your California State Seller's Permit Number (if applicable).
16. Enter your Social Security Number.
17. Enter your Federal Tax ID Number.
18. Enter your California State Contractor's License Number and Expiration Date (if applicable).

Instructions continued on next page



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(continued)

19. Enter your Estimated Tax Base (Gross Receipts, Value Added, Gross Payroll, Number of Employees, Number of Permits/Vehicles) for the first year. Check the [Tax Rate Schedule](#) for the appropriate industry code and type of tax base for your business.
20. *Preprinted.* The Registration Fee must be paid at the time you register your business with this office.

21. Figure your Estimated Tax:

<u>If your industry code is:</u>	<u>Your estimated tax is \$60 if your</u> <u>estimated tax base is within:</u>	<u>Your estimated tax is</u> <u>(estimated tax base X tax rate / 1000)</u> <u>if tax base is:</u>
A, C, D, I, J, K, T, W	\$0.00 - \$ 50,000	\$ 50,001 or more: \$ 1.20 per \$1,000
B	\$0.00 - \$100,000	\$100,001 or more: \$.60 per \$1,000
E, H, O, P	\$0.00 - \$ 33,335	\$ 33,336 or more: \$ 1.80 per \$1,000
F	\$0.00 - \$ 16,666	\$ 16,667 or more: \$ 3.60 per \$1,000
G	\$0.00 - \$ 13,335	\$ 13,336 or more: \$ 4.50 per \$1,000
U	\$0.00 - \$ 60,000	\$ 60,001 or more: \$ 1.00 per \$1,000
Z	\$0.00 - \$ 2,500	\$ 2,501 or more: \$24.00 per \$1,000

Industry Codes L, X and Y only: Click the [Tax Rate Schedule](#) to figure your Estimated Tax.

22. Enter the penalty amount (if delinquent).
23. Enter the interest amount (if delinquent).
24. Enter the total amount due (add Lines 20-23).
25. Enter the amount of payment you are enclosing with this form.
26. *For credit card payments only:* Enter appropriate information. Specify amount of payment to be charged to your credit card.

NOTE: Please print credit card numbers clearly and sign on the signature line for authorization. Failure to complete all necessary information will result in non-credit of your payment.

27. Describe your business activity (this is necessary to classify your business correctly).

Be sure to sign and date your application form.

Remit your payment, along with your New Business Tax Application, to the following address:

**CITY OF OAKLAND
BUSINESS TAX OFFICE
250 FRANK H. OGAWA PLAZA, SUITE #1320
OAKLAND, CA 94612
Telephone (510) 238-3704**

Or, you may also fax your application in to **(510) 238-7128**.

Hours of Operation: 8:30 a.m. – 5 p.m., Monday through Friday

NEW BUSINESS APPLICATION

CITY OF OAKLAND
250 Frank H. Ogawa Plaza, #1320
Oakland, Ca 94612

TAX YEAR 200_____

Phone: (510) 238-3704
Fax No: (510) 238-7128

Payment Due Within 30 Days of Business Start Date
(See instructions on completing this form)

ACCT #_____

SIC CODE:_____

1. BUSINESS NAME: _____

2. BUSINESS ADDRESS: *Number* _____ *Street* _____ *Suite* _____

3. CITY: _____ STATE: _____ ZIP +4: _____

4. BUSINESS PHONE: () _____ EXT: _____ 5. CONTACT PHONE: () _____

6. BUSINESS START DATE ____ / ____ / ____ 7. NO. OF FULL TIME EMPLOYEES _____

8. OWNERSHIP TYPE: ____ **(S)**Sole Ownership **(P)**Partnership **(C)**Corporation **(L)**Limited Partnership **(E)**Estate **(T)**Trust **(X)** LLC

9. MAILING NAME: _____

10. CARE OF: _____

11. MAILING ADDRESS: *Number* _____ *Street* _____ *Suite* _____

12. CITY: _____ STATE: _____ ZIP +4: _____

13. **OWNER'S NAMES:** **FIRST NAME** **M.I.** **LAST NAME** **TITLE**
(IF PARTNERSHIP, LIST ALL PARTNERS; IF CORPORATION, LIST ALL PRINCIPAL OFFICERS).

14. ZONING PERMIT # _____ 15. CALIF. STATE SELLER'S PERMIT #: _____

16. SOCIAL SECURITY # : _____ 17. FEDERAL TAX ID#: _____

18. STATE CONTRACTOR'S LICENSE # _____ EXPIRATION DATE _____

19. ENTER YOUR 200__ ESTIMATED TAX BASE: \$ _____

20. REGISTRATION FEE : \$ 30.00

21. ESTIMATED TAX PAYMENT (see instructions on how to compute your estimated tax): \$ _____

22. PENALTY (IF DELINQUENT): 1 - 60 days = 10%; 61 days or more = 25% \$ _____

23. INTEREST (IF DELINQUENT): 1% per month of registration fee plus penalty \$ _____

24. TOTAL AMOUNT DUE: (Total of registration fee, estimated tax, penalty & interest) \$ _____

25. PAYMENT ENCLOSED: (Enter amount of payment) \$ _____

26. CREDIT CARD INFORMATION: Expiration Date: ____MO ____YR
☐ Visa ☐ Mastercard ☐ Discover Amount Charged to Credit Card: \$ _____
Credit Card Number: _____ Signature: _____

27. DESCRIBE YOUR BUSINESS ACTIVITY: (This is necessary to classify your business correctly)

I declare under penalty of perjury that to my knowledge all information contained on this declaration is true and complete:

SIGNED: _____ TITLE: _____ DATE: _____

Please enclose your check or money order made payable to "Oakland Business Tax"