0	City of Santa Monica
	Revenue Division
	PO Box 2200
City of Santa Monic	santa Monica, CA 90407-2200

BUSINESS LICENSE
STATEMENT OF GROSS RECEIPTS

(6 MONTHS)

OFFICIAL USE ONLY						
BL#						
2014:	\$					
2015:	\$					
2016:	\$					
2017:	\$					

P: 310-458-8745 • F: 310-451-3283 E: business.license@smgov.net W: www.smgov.net/businesslicense

							2016:	\$		
BUSINESS ENTITY INFORMATION						2017:	\$			
egal Business Name: DBA (if applicable):							_			
Business Physical										
Address:	Number	Street	L	Jnit/Suite #	City		State		Zip	
Contact	First Name:		Last Name:	Last Name:			de:			
nformation:	Phone: Email:			Fax:						
records of th	gross receipts* attribut ne business. For the ye ee the Definition of Gro	ars that do not	apply, please	enter zero. For City	business tax purpose	s, there a	are no d	eductions f	for busine	

expenses. See the Definition of Gross Receipts for clarification located at our website noted above. Financial statements and copies of your Federal and/or State tax returns may be requested by the Santa Monica Finance Department to support the reported gross receipts. **Please do not send these documents unless requested**.

Business License taxes are based on income producing activity. An apportioning taxpayer may reduce receipts by a percentage that reflects the proportion of the cost of in-city to out-of-city activity. A business may deduct gross receipts deemed to be directly attributable to income producing activities carried on outside the City of Santa Monica. For assistance with this process you may wish to consult with a tax advisor.

Data husiness hagen within the City of Conta Manies 2					Month Day		ay	Year	
Date business began within the City of Santa Monica?									
Reporting Period			Santa Monica Gross Receipts	Reporting Period			Santa Monica Gross Receipts		
Dates From		Dates To	Enter Amounts	Dates From	m		Dates 1	Го	Enter Amounts
01/01/2014	То	06/30/2014	\$	07/01/2014	4 To) :	12/31/20)14	\$
01/01/2015	То	06/30/2015	\$	07/01/2015	5 To) :	12/31/20)15	\$
01/01/2016	То	06/30/2016	\$	07/01/2016	5 To) [12/31/20)16	\$
01/01/2017	То	06/30/2017	\$	07/01/2017	7 Тс)	12/31/20)17	\$
01/01/2018	То	06/30/2018	\$						

^{*} Corporate Headquarters/Administration Offices are required to report the annual operating expenses equal to the annual rental value of real property, payroll and utility costs of the Corporate/Administrative Headquarters located in Santa Monica. Please complete "Statement of Cost of Operations".

"Gross Receipts" shall not include:

- (i) The amount of any Federal tax imposed on or with respect to retail sales whether imposed upon the retailer or upon the consumer and regardless of whether or not the amount of Federal tax is stated to customers as a separate charge.
- (ii) Any California State, city, or city and county sales or use tax required by law to be included in or added to the purchase price and collected from the consumer or purchaser.
- (iii) Such part of the sales price of any property previously sold and returned by the purchaser to the seller which is refunded by the seller by way of cash or credit allowances given or taken as part payment on any property so accepted for resale.
- (iv) Any refundable deposit which is returned to the depositor.
- (v) That portion of the receipts of a general building contractor licensed under Sections 6.08.060 or 6.08.070, which represents payments to subcontractors, provided such subcontractors are licensed under the provisions of this Chapter and that the general contractor furnishes the Director of Finance with the names and addresses of the subcontractors and the amounts paid to each subcontractor.
- (vi) Bad debts taken from gross receipts reported during a prior tax year in accordance with generally acceptable accounting practices.
- (vii) Anything which the City of Santa Monica may not lawfully include by virtue of the Constitution of the United States or the Constitution of the State of California.
- (viii) Fees for actual costs of governmental requirements (e.g., inspections, plan checks, etc.) paid by a licensee on behalf of a third party.

is a true, correct and complete statement, made in good f		he best of my knowledge and belief h
Printed Name	Signature	 Date