



City of Alexandria 2015 Business License Renewal

City of Alexandria, Finance Department, Revenue Administration Division
 P. O. Box 34850, Alexandria, VA 22334-0850
 Phone: 703. 746.3903 www.alexandriava.gov/businesstax

Owner Name:

Due Date

March 2, 2015

Trade Name:

Account Number:
 Business Phone No.:
 Date Business Began:
 Business Location:

LICENSE CLASSIFICATION:	STATE BOARD OF CONTRACTORS # _____ <i>CONTRACTORS:</i> Please complete the enclosed Virginia Workers' Compensation Form and submit it with the renewal.
DESCRIPTION / CITY CODE:	If your business has moved out of the City or ceased doing business, please complete the cessation of business section on the reverse page.
LICENSE TAX/FEE CALCULATION	
1. 2014 ACTUAL GROSS RECEIPTS (The whole, entire, total receipts attributable to the licensed privilege, without deduction)	
(1A) Less Gross Receipts Allocated To Other Jurisdictions <i>(Sufficient documentation must be attached before deduction is allowed.)</i>	
2. 2014 ACTUAL GROSS RECEIPTS (Line 1 minus Line 1A) <i>(Line 2 must be completed by applicant.)</i>	***REQUIRED***
(2A) In City Contractors: If line 2 is less than \$10,000, enter 0. If line 2 is at least \$10,000, but less than \$100,000, enter \$50. If line 2 is \$100,000 or more, multiply the gross receipts by the tax rate (Line 5) and enter the results. Reciprocity & Out of State Contractors: If line 2 is less than \$25,000, enter 0. If line 2 is at least \$25,001, but less than \$100,000 enter \$50. If line 2 is \$100,000 or more, multiply the gross receipts by the tax rate (Line 5) and enter the results.	
3. Not Applicable Please Proceed to Line 5	
4. Not Applicable	
(4A) Not Applicable	
5. TAX RATE	
6. TAX DUE FOR 2015 BUSINESS LICENSE (Line 2(A))	
7. PENALTY (10% of tax or \$10, whichever is greater)	
8. INTEREST (Total tax and penalty x .000274 x number of days after April 1, 2015)	
9. TOTAL PAYMENT DUE (Add Lines 6, 7, and 8) PLEASE MAKE CHECK PAYABLE TO THE "CITY OF ALEXANDRIA" Reciprocity Contractors Only: If payment was remitted in 2014 based on the permit job cost exceeding \$25,000, deduct the payment amount from line 6. Proof of payment may be required.	
10. REQUEST INSTALLMENT PAYMENT: YES <input type="checkbox"/> NO <input type="checkbox"/> If you qualify and want to make installment payments, check the "Yes" box above and complete lines 11 through 13. (Please see the installment payment criteria on the reverse page for qualification.)	
11. Not Applicable	
12. TAX DUE (Line 2A)	
12(A) DIVIDE THE AMOUNT ON LINE 12 BY THE NUMBER 4	
13. FIRST INSTALLMENT PAYMENT DUE (Line 12A)	

Notice: It is a misdemeanor for any person to willfully complete an application, which he/she does not believe to be true and correct as to every material matter (Code of Virginia §58.1-11). Operating a business without a license is a criminal offense punishable up to a five hundred dollar (\$500) fine for each separate offense. A license shall not be issued or have any legal effect unless all delinquent business license, business personal property, meal sales and transient lodging taxes are paid in full. Business license is valid only for the person named herein and is not transferable.

 APPLICANT'S SIGNATURE

 DATE

 PREPARER'S SIGNATURE

 DATE

Thank you for choosing to do business in the City of Alexandria!

INSTALLMENT PAYMENT CRITERIA

- The tax liability must be \$1,000 or more;
- **All firms must file and pay the first installment by March 2, 2015;** and
- All prior year(s) delinquent business taxes (business license, business tangible personal property, meal sales, transient lodging, etc.) must be paid in full before an installment payment plan can be approved.

Note: Handling charges are added to the 2nd, 3rd and 4th installments (5% of the 2nd payment, 6% of the 3rd payment and 9% of the 4th payment).

A default will cause the remaining installments to become due immediately including handling fees, late payment penalty, and interest.

TAX TABLE FOR IN CITY CONTRACTORS		
IF YOUR GROSS RECEIPTS ARE:		
At least:	but not over:	your tax is:
\$ 0.00.....	\$9,999.....	\$ 0.00
\$10,000.....	\$99,999.....	\$50.00
\$100,000 or more.....		0.0016

TAX TABLE FOR RECIPROCITY & OUT OF STATE CONTRACTORS		
IF YOUR GROSS RECEIPTS ARE:		
At least:	but not over:	your tax is:
\$ 0.00.....	\$25,000.....	\$ 0.00
\$25,001.....	\$99,999.....	\$50.00
\$100,000 or more.....		0.0016

Cessation of Business

Date Business Ceased: _____ 2014 Actual Gross Receipts Earned: _____

Current Mailing Address: _____
(Street)

(City) (State) (Zip)

Telephone Number: _____ Business E-mail Address: _____

Signature: _____ Date: _____

(An original Signature of the owner or authorized corporate representative is required)