



REVENUE MANAGEMENT, FINANCE
BUSINESS TAX HARDSHIP EXEMPTION REQUEST
200 East Santa Clara Street, San Jose, CA 95113-1905

A

BUSINESS TAX ACCOUNT # \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

(NUMBER/STREET) (CITY) (STATE) (ZIP)

MAILING ADDRESS \_\_\_\_\_

(NUMBER/STREET) (CITY) (STATE) (ZIP)

Pursuant to the provisions of Chapter 4.76.345 of the San Jose Municipal Code effective July 2, 2004, application is made for an exemption of the business tax due to financial hardship. I declare, under penalty of perjury that my sole proprietorship (Chapter 4.76.345, B1) business has no employees and the gross receipts will be at or below the poverty level for the income tax reporting year for which the business tax is due. The U.S. Department of Health and Human Services defines the poverty level.

Poverty Level: 2010 - \$21,660

Sole Proprietor: 1) Owned by one person, husband & wife 2) Corporation owned by one person, husband & wife, domestic partnership 3) Domestic Partnership

I agree to provide affidavits and/or documents to the City of San Jose's Finance Department, upon request (First and second page of Federal Income Tax Form 1040, plus ALL Schedule "C's" and "E's"). Failure to do so will result in the billing of the tax for the year of your claimed exemption along with applicable penalties and interest.

\*\* THERE IS AN ANNUAL PROCESSING FEE OF \$37.00, PLEASE ENCLOSE WITH YOUR REQUEST\*\*

To pay by credit card: MasterCard Visa Discover Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_
Cardholder Name: \_\_\_\_\_ 3 digit verification code (found on back) \_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE

TELEPHONE

DATE

FINANCE DEPARTMENT USE ONLY

EXEMPTION FEE PAYMENT

QUALIFICATION

Amount Paid: \_\_\_\_\_ CR# \_\_\_\_\_
Date Paid: \_\_\_\_\_
Payment Processed By: \_\_\_\_\_

Tax Year: \_\_\_\_\_
Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_
Reviewed By: \_\_\_\_\_

Hardship Review: Year(s) Reviewed: \_\_\_\_\_
Hardship Review Completed by: \_\_\_\_\_ Date \_\_\_\_\_
Sr. Investigator/Collector \_\_\_\_\_ Date \_\_\_\_\_
APPROVED BY \_\_\_\_\_ Date \_\_\_\_\_

Deputy Director of Finance

Refund: Y / N Hardship Denied: \_\_\_\_\_

Comments: \_\_\_\_\_