



# CITY OF OAKLAND

## BUSINESS TAX EXEMPTION APPLICATION

**ELIGIBILITY INFORMATION:** To qualify for an exemption, you must have a combined family income from all sources not exceeding poverty levels as defined by the Federal Register. Poverty levels are shown at right, below:

**INSTRUCTIONS:** To apply for an exemption, complete all fields on this form and submit it on or before March 1,2004.

Under the column of *Income Source below*, include all sources of income actually received in 2003 including salaries, wages, Social Security, disability, AFDC, business earnings, etc. **You must provide supporting documentation for these amounts.** Examples of supporting documentation include income tax returns, payroll stubs, Social Security benefit letters, rent receipts and other award letters.

**Submit the completed form, together with supporting documentation, to the City of Oakland's Business Tax Section, Financial Services Agency, 250 Frank Ogawa Plaza, Ste.1320 Oakland, CA 94612.**

**For further information, call (510) 238-3704**

<i>Poverty Eligibility Levels</i>	
<i>Number in Household</i>	<i>Combined Family Income</i>
1.....	\$ 8,980
2.....	\$ 12,120
3.....	\$ 15,260
4.....	\$ 18,400
5.....	\$ 21,540
6.....	\$ 24,680
7.....	\$ 27,820
8.....	\$ 30,960

***For family units with more than 8 members, add \$3,140 for each additional member.***

Account Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_ Daytime Phone:( ) \_\_\_\_\_

Rental/Business Address: \_\_\_\_\_ Business Tax Amount Due:\$ \_\_\_\_\_

RESIDENT NAME(S)	AGE	SEX	RELATION-SHIP	2003 INCOME	INCOME SOURCE	HOW VERIFIED
1.			Head of Household			
2.						
3.						
4.						
5.						
6.						

**NUMBER IN HOUSEHOLD** \_\_\_\_\_ **TOTAL INCOME** \_\_\_\_\_

I declare under penalty of perjury that the income stated above is the total income for my household, and that all information provided herein is true to the best of my knowledge. I understand that if any of the above information is found to be untrue, I may forfeit my eligibility. I further understand that this form may be subject to an audit, verification check and possible denial of the exemption. I hereby authorize the City of Oakland to verify any and all of the information herein provided.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY	
COMMENTS:	APPROVED:
	DATE:

