



## INSTRUCTIONS FOR COMPLETING NEW RENTAL APPLICATION

*NOTE: If you already have a City of Oakland Business Tax Certificate for rental property(s) with the same ownership as the property for which you are completing the application form **OR** if you are registering two (2) or more properties with the same ownership, please contact the Business Tax Section before completing this form.*

1. Enter the owner name(s) or name of property.
2. Enter the rental property address as it appears in the Alameda County Tax records.
3. *City and State preprinted.* Enter the appropriate ZIP code.
4. Enter your daytime telephone number.
5. Enter your contact telephone number (if different from daytime telephone number).
6. Enter the date that you began renting (all or any portion of) your property.
7. Enter appropriate ownership type.
- 8-11. Enter your current mailing name and address.
12. List the property owner(s) names as they appear on the Alameda County Tax records.
13. Enter your Social Security Number.
14. Enter your Federal Tax Identification Number (if applicable).
15. Enter Alameda County Assessor's Information: County Use Code, Assessor's Parcel Number and Deed Recording Number (if known).
16. Enter your Estimated Gross Rental Income for the first year (from starting date through December 31).
17. *Preprinted.* The Registration Fee must be paid at the time you register your property with this office.
18. **Compute your Estimated Tax Payment.** Multiply your first year's Estimated Gross Rental Income (Line 16) by \$13.95, and then divide by 1,000. This is your Estimated Tax Payment. If Line 16 is less than \$1,000, please write \$13.95 on Line 18.
19. Enter penalty amount (if delinquent).
20. Enter interest amount (if delinquent).
21. Enter your total amount due (add Lines 17-20).
22. Enter the amount of the payment you are enclosing with this form.
23. 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.**

24. Indicate the type of property (Residential or Commercial/Industrial).

***Be sure to sign and date the 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**

**CITY OF OAKLAND**  
250 Frank Ogawa Plaza, #1320  
Oakland, CA 94612

**NEW RENTAL APPLICATION**  
**TAX YEAR 200** \_\_\_\_\_

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

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

**Acct #** \_\_\_\_\_

**SIC CODE:** \_\_\_\_\_

Please type or print all information clearly.

1. RENTAL NAME: \_\_\_\_\_
2. RENTAL ADDRESS: *Number* \_\_\_\_\_ *Street* \_\_\_\_\_ *Suite* \_\_\_\_\_
3. CITY: \_\_\_\_\_ OAKLAND \_\_\_\_\_ STATE: \_\_\_\_\_ CALIFORNIA \_\_\_\_\_ ZIP +4: \_\_\_\_\_
4. DAYTIME PHONE: ( ) \_\_\_\_\_ EXT: \_\_\_\_\_ 5. CONTACT PHONE: ( ) \_\_\_\_\_
6. RENTAL START DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date you began renting this property)
7. OWNERSHIP TYPE: \_\_\_ (S)Sole Ownership (P)Partnership (C)Corporation (L)Limited Partnership (E)Estate (T)Trust (X) LLC
8. MAILING NAME: \_\_\_\_\_
9. CARE OF: \_\_\_\_\_
10. MAILING ADDRESS: *Number* \_\_\_\_\_ *Street* \_\_\_\_\_ *Suite* \_\_\_\_\_
11. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP +4: \_\_\_\_\_
12. **OWNER'S NAMES:**                      **FIRST NAME**                      **M.I.**                      **LAST NAME**                      **TITLE**  
(IF PARTNERSHIP, LIST ALL PARTNERS; IF CORPORATION, LIST ALL PRINCIPAL OFFICERS).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. SOCIAL SECURITY #: \_\_\_\_\_ 14. FEDERAL TAX ID #: \_\_\_\_\_
15. USE CODE: \_\_\_\_\_ ASSESSOR'S PARCEL #: \_\_\_\_\_ DEED RECORDING #: \_\_\_\_\_

16. ENTER YOUR 200\_\_ **ESTIMATED GROSS RENTAL INCOME:** \$ \_\_\_\_\_
17. REGISTRATION FEE \_\_\_\_\_ \$ 30.00
18. ESTIMATED TAX PAYMENT (see instructions on how to compute your estimated tax): \_\_\_\_\_ \$ \_\_\_\_\_
19. PENALTY (IF DELINQUENT): 1 - 60 days = 10%; 61 days or more = 25% \_\_\_\_\_ \$ \_\_\_\_\_
20. INTEREST (IF DELINQUENT): 1% per month of registration fee plus penalty \_\_\_\_\_ \$ \_\_\_\_\_
21. TOTAL AMOUNT DUE: (Total of registration fee, estimated tax, penalty & interest) \_\_\_\_\_ \$ \_\_\_\_\_
22. PAYMENT ENCLOSED: (Enter amount of payment) \_\_\_\_\_ \$ \_\_\_\_\_
23. CREDIT CARD INFORMATION:                      Expiration Date: \_\_\_\_\_ MO \_\_\_\_\_ YR
- Visa  Mastercard  Discover                      Amount Charged to Credit Card: \$ \_\_\_\_\_
- Credit Card Number: \_\_\_\_\_ Signature: \_\_\_\_\_

24. INDICATE TYPE OF PROPERTY:                       Residential  Commercial/Industrial

*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"**