**BUSINESS/RETAIL TAX BILLING STATEMENT**

|  |  |
| --- | --- |
| Statement Date: | DD/MM/YYYY |
| Account No. |  |
| Pin Number |  |
|  |  |
| Primary Business Name |  |
| Business Owner Name |  |
|  |  |
| Business Location |  |
| Ownership Type |  |
| Business Improvement District |  |
| Business Activity |  |
|  |  |
| Federal Employment Identification Number (FEIN) |  |
| State Board of Equalization Number (BEAN/Seller’s Permit) |  |
| State License Number |  |
|  |  |
|  |  |
| PAYMENT DUE DATE |  |
| Balance Due |  |
| Employee Count |  |

If your business location or business activity has changed, please update on the reverse side of payment stub. Updates to the employee count should be made on the front of the payment stub. Also, recalculate your total amount owed in the space provided below and mark (**X**) in the box on the front of the payment stub.