

TAX ACCT. # \_\_\_\_\_  
CONTROL # \_\_\_\_\_



ADMINISTRATIVE SERVICES DEPARTMENT  
REVENUE SERVICES DIVISION-BUSINESS LICENSE TAX  
425 North El Dorado Street • PO Box 1570 • Stockton, CA 95201  
Phone (209) 937-8313 Fax (209) 937-7184  
[www.stocktonca.gov](http://www.stocktonca.gov)

**Business License Tax Affidavit  
Prior Year(s) Gross Receipts**

COMPLETE AND RETURN WITH YOUR BUSINESS LICENSE APPLICATION

**Business**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Start Date of Business in Stockton: \_\_\_\_\_

**Commercial or Residential Property**

Property Owner Name: \_\_\_\_\_  
Rental Property Address: \_\_\_\_\_  
Parcel No. (APN): \_\_\_\_\_ Date Property Purchased: \_\_\_\_\_

List the gross receipts or rents in Stockton for the years indicated. Exclude taxes collected and sales of alcoholic beverages.

2012 \$ _____	2016 \$ _____
2013 \$ _____	2017 \$ _____
2014 \$ _____	2018 \$ _____
2015 \$ _____	2019 \$ _____

*I certify under penalty of perjury that the information above is true and correct.*

\_\_\_\_\_  
Signature of Owner                                  Print Name                                  Date

\_\_\_\_\_  
Mailing Address                                  City                                  State                                  Zip                                  (\_\_\_\_) \_\_\_\_\_  
Phone