



# Declaration of Gross Receipts for Multiple Years

Department of Finance  
 Assessments Division  
 Call (434) 296-5851 or Fax (434) 243-7906

401 McIntire Road, Room 133  
 Charlottesville, Virginia 22902-4596  
[www.albemarle.org](http://www.albemarle.org)

Submit this form if your business started in Albemarle County before January 1, 2015 to report prior years gross receipts not previously reported for Business License purposes.

Business Tax Account #: <i>Office Use Only</i>		Business Activity:	
Owner / Corporate Name:		Business Trade Name: <i>If Applicable</i>	
Federal Employer ID #: <i>If Corporation, LLC, or Partnership</i>	Social Security #: <i>If Sole Proprietor or Single Member LLC</i>	Date Business Started: <i>Rental Property Owners use date property first leased</i>	NAICS Code #: <i>Instructions at bottom of form</i>
Physical Business Location:			
Mailing Address:			
Authorized Contact:		Email Address:	Phone Number:

Filing Instructions	Year	*Actual Gross Receipts	Office Use Only
Based on the start date above, provide actual gross receipt (gross rental income) amounts for all prior years listed that you were in business within Albemarle County.  Example: <i>If your business started in April 2011 you must provide 2011, 2012, 2013, 2014 &amp; 2015 actual gross receipt amounts on this declaration.</i>  The license year begins January 1 <sup>st</sup> and ends December 31 <sup>st</sup> .	2015		
	2014		
	2013		
	2012		
	2011		
	2010		
	2009		

\*The term "Actual Gross Receipts" shall include receipts from all sales made or services rendered or activities conducted from a definite place of business within the County. Gross receipts for license tax purposes shall not include any amount collected for sales or use tax, excise tax, Federal and State gasoline tax or meals tax.

NAICS Code # – North American Industry Classification System. A listing of searchable 2007 NAICS codes may be found at <http://www.census.gov/eos/www/naics/>.

I declare that this information is true, full, and correct to the best of my knowledge and belief.

Signature of Owner / Partner / Officer \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Complete this and any other form forwarded to you by this office. Please do not include any payments with this declaration, a tax bill will be sent to you from the Albemarle County Collections Division if any payment is due, Thank you.

PLEASE REVIEW INFORMATION ON BACK OF FORM