

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.stocktongov.com](http://www.stocktongov.com)

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

*COMPLETE AND RETURN WITH REQUESTED DOCUMENTS*

**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.

2009 \$ _____	2013 \$ _____
2010 \$ _____	2014 \$ _____
2011 \$ _____	2015 \$ _____
2012 \$ _____	2016 \$ _____

***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