

CITY OF RICHMOND BUSINESS TAX CORRECTION APPLICATION

BUSINESS NAME					
OWNER AGENT:		ACCOUNT #			
MAILING ADDRESS					
PHONE	E-MAIL	L			
					
TAX TYPE(S) IN DISPUTE & REASON					
BUSINESS, PROFESSIONAL, OCCUPATIONAL LICENSE (BPOL)					
Erroneous filing and/or recording of the Business Gross Receipts					
My Business is Misclassified for Tax Purposes					
Other (<i>Brief Description</i>):					
□ ADMISSIONS, LODGING, AND/OR MEALS TAX (ALM TAX)					
Erroneous filing of the Business Gross Receipts					
Erroneous remittance of ALM Coupon(s)					
My Business is Misclassified for purposes of collecting ALM					
Other (<i>Brief Description</i>):					
BUSINESS TANGIBLE PERSONAL PROPERTY TAX (BPP)					
Erroneous purchase year submitted on the Business BPP Tax Return					
Erroneous value submitted on the Business BPP Tax Return					
Disposal or	Disposal or sale of property included on the Business BPP Tax Return				
Other (<i>Brief Description</i>):					

JUSTIFICATION FOR TAX CORRECTION REQUEST



CITY OF RICHMOND BUSINESS TAX CORRECTION APPLICATION

JUSTIFICATION FORM(S) ATTACHED

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REQUIRED FORM(S) by TAX TYPE

Please review carefully. The following documents must be included with your request for Tax Correction.

Failing to include these documents may result in rejection of your application.

(BPOL) TAX CORRECTION REQUIREMENT(S)

Original Business License Renewal Form(s) for all disputed periods 2 Amended Business License Renewal Form(s) for all disputed periods (ALM) TAX CORRECTION REQUIREMENT(S)

- **Original ALM Tax Remittance Coupon(s)** for all disputed periods
- 2 Amended ALM Tax Remittance Coupon(s) for all disputed periods

(BPP) TAX CORRECTION REQUIREMENT(S)

Original Business Tangible Personal Property Return(s) for all disputed periods

O Amended Business Tangible Personal Property Return(s) for all disputed periods

DESIRED REMEDY

I, the undersigned, understand that under Richmond City Ordinance 26-904, Code of Virginia §58.1-3700, §58.1-3703.1, §58.1-3980 and/or §58.1-3983, my newly provided information will be reviewed against the current records of the City of Richmond Department of Finance. I understand that my application may not result in a reduced balance. I certify that I make the above application through the genuine belief that the assessments in question are incorrect and make no attempt to forestall further collection processing with my actions including violations which may constitute Frivolous Filing and/or Jeopardized by Delay as defined under City Code 26-904(A)(1).

PRINT NAME:

SIGNATURE: _____ DATE: _____

	CITY OF RICHMOND USE	
Form Received by (PRINT):		
Tax Representative Signature:	Date	: