



CITY OF RICHMOND 2017 TAX AMNESTY PROGRAM REAL ESTATE & BPOL & ALM ELIGIBILITY/APPLICATION

SECTION I

To be completed by applicant:

NAME:			SOCIAL SECURITY NUMBER:
SPOUSE'S NAME:			SOCIAL SECURITY NUMBER:
BUSINESS/COMPANY NAME:			FEIN:
MAILING ADDRESS:			PHONE:
CITY OR TOWN:	STATE:	ZIP CODE:	EMAIL:

Check all that apply. **Amnesty will only apply to taxes due prior to February 1, 2017. Each self reporting tax must be filed prior to approval.*

- | | | |
|---|---------|--|
| <input type="checkbox"/> Real Estate Taxes (complete Section II) | Acct #: | |
| <input type="checkbox"/> Admission, Meals, and Lodging Tax (complete Section III) | Acct #: | |
| <input type="checkbox"/> Business License Tax (complete Section IV) | Acct #: | |
| <input type="checkbox"/> Business Personal Property Tax (complete Section V) | Acct #: | |

SECTION II (REAL ESTATE TAX AMNESTY)

Office Use

Property Address	Tax Year	Total Amount Due	Tax Amount Due	Coll. Fees
*Use separate sheet if needed		Amnesty Amt Due		

- Check if requesting payment plan (available only if **tax** amount due is \$500 or more)

SECTION III (ADMISSION, MEALS, AND LODGING TAX AMNESTY)

Office Use

Month/Year	Filed	Unfiled	Total Amount Due	Tax Amount Due	Coll. Fees
/	<input type="checkbox"/>	<input type="checkbox"/>			
/	<input type="checkbox"/>	<input type="checkbox"/>			
/	<input type="checkbox"/>	<input type="checkbox"/>			
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/	<input type="checkbox"/>	<input type="checkbox"/>			
/	<input type="checkbox"/>	<input type="checkbox"/>			
*Use separate sheet if needed			Amnesty Amount Due		

- Check if requesting payment plan (available only if **tax** amount due is \$500 or more)



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SECTION IV (BUSINESS LICENSE TAX AMNESTY)

Office Use

YEAR	Filed	Unfiled	Total Amount Due	Tax Amount Due	Coll. Fees
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
			Amnesty Amount Due		

*Use separate sheet if needed

Check if requesting payment plan (available only if **tax** amount due is \$500 or more)

SECTION V (BUSINESS PERSONAL PROPERTY AMNESTY)

Office Use

YEAR	Filed	Unfiled	Total Amount Due	Tax Amount Due	Coll. Fees
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
			Tax Amount Due		

*Use separate sheet if needed

Check if requesting payment plan (available only if **tax** amount due is \$500 or more)

By signing below, I certify all information above is accurate, true and complete.

By signing below, I certify that I am not the subject of an investigation or prosecution by any federal, state or local government for filing a fraudulent return or failure to report on any taxes. Furthermore, I understand that any person, individual, corporation, estate, trust, or partnership for which civil action has been filed in a court of competent jurisdiction to enforce or collect a delinquent tax before the end of eligibility period that does not pay the full amount of delinquent tax, attorney's fees and any other applicable charges owed on or before the last day of the tax amnesty period (October 16, 2017) may be determined ineligible for future amnesty as well as account returned to collections attorney/agency to continue normal collection efforts. By signing below I (check one which applies)

- Agree to payment plan of no more than 6 months
- Agree to pay in full on or before October 16, 2017

Printed Name

Signature

Date



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SECTION III (ADMISSION, MEALS, AND LODGING TAX AMNESTY con't)

Office Use

Month/Year	Filed	Unfiled	Total Amount Due	Tax Amount Due	Coll. Fees
/	<input type="checkbox"/>	<input type="checkbox"/>			
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			Amnesty Amount Due		

*Use separate sheet if needed

Check if requesting payment plan (available only if tax amount due is \$500 or more)