



Susan L. Draper  
 Commissioner of the Revenue  
 P.O. Box 1459  
 Suffolk, VA 23439-1459  
 ADDRESS SERVICE REQUESTED

2020

Acct #	Bus. Lic. #
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Main Office (757) 514-4260 Branch Office (757) 514-7182  
 email: bustax@suffolkva.us  
**Renewal Application**

**for**  
**CITY OF SUFFOLK BUSINESS LICENSE**

RENEWAL APPLICANTS MUST FILE AND PAY ALL TAXES DUE BY

**MARCH 1st, 2020**

Name:

Trade Name:

Address:

Business Address	
Date business began in Suffolk	
Social Security #	
FEIN	
Phone	
Fax	
Cell	

Type of License	Fee	Rate per \$100.00	Type of License	Fee	Rate per \$100.00

If gross receipts exceed \$100,000.00, apply tax rate to ALL receipts. If gross receipts are less than \$100,000.00, enter your gross receipts and pay fee only. Alcoholic beverage license: pay fee only (include gross receipts in retail merchant license).

Note: Provide 2020 estimated gross receipts ONLY if business began in 2019 or business is a Non-Suffolk contractor

	CODE	TYPE OF LICENSE	2019 Actual Gross Receipts Jan 1-Dec 31	2020 Estimated Gross Receipts Jan 1-Dec 31	TAX or FEE	TOTAL
1						
2						
3						
4						
5	Complete the worksheet on reverse side ONLY ■ If the business began after January 1, 2018 and gross receipts exceeded \$100,000. ■ If the business is a non-Suffolk contractor.					Prior Year Adjustment
						* Penalty 10%
*Penalty will be applied if not paid by March 1.						
<b>TOTAL TAX DUE</b>						<b>\$</b>

I hereby certify that the information presented on this statement is complete and accurate.

Authorized Signature \_\_\_\_\_ Printed Name/Title \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Email: \_\_\_\_\_

If no longer engaged in business in the City of Suffolk, please check the box. <input type="checkbox"/> Date closed: _____
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**ATTENTION  
ALL CONTRACTORS**

Ø Code of Virginia § 54.1-1111 (B) requires all contractors to furnish their Virginia license/certificate number *or* if a state license is not required, you must complete and return the Virginia Contractors Exemption Form enclosed.

Class A  no. \_\_\_\_\_ Class B  no. \_\_\_\_\_ Class C  no. \_\_\_\_\_

Ø Per Code of Virginia § 58.1-3714, submit a copy of your letter of acknowledgement issued by the VWC Insurance Department that your Contractor's Certificate of Workers' Compensation Insurance (Form 61A) has been filed. Go to: [www.workcomp.virginia.gov](http://www.workcomp.virginia.gov). The Business License cannot be issued without this letter.

Ø If you hired sub-contractors to perform contracting services for you or under your direction, submit a listing with the subcontractors name, identification number (FEIN / SSN), mailing address, contact phone number and the amount paid to the subcontractor.

**WORKSHEET TO COMPUTE PRIOR YEAR ADJUSTMENT**  
(calculating line 5 on reverse)

Complete If: ▪ The business began after January 1, 2018  
OR  
▪ The business is a non-Suffolk contractor

1.	2019 <u>Actual</u> gross receipts/purchases	
2.	Tax /Fee (see application for tax rate)	
3.	2019 <u>Estimated</u> gross receipts/purchases (per 2019 application)	
4.	Tax or fee paid on estimated gross receipts/purchases (per 2019 application)	
5.	Line 2 less Line 4 - Enter result on Line 5 of the reverse side in the Total column ▪ If amount is positive-additional tax is due for <u>under</u> estimate of 2019 gross receipts ▪ If amount is negative-a credit is due for <u>over</u> estimate of 2019 gross receipts	

**NOTE: Proof of gross receipts must be submitted upon request**

**PAYMENT OPTIONS**

Pay by check-make payable to City of Suffolk, Treasurer.

**A 10% PENALTY ON THE TAX WILL BE ADDED IF LICENSE IS NOT PAID BY MARCH 1ST.**

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