



# City of Alexandria 2013 Business License Renewal

City of Alexandria, Finance Department, Revenue Administration Division  
P. O. Box 34850, Alexandria, VA 22334-0850  
Phone: 703.746.3903 [www.alexandriava.gov/business-tax](http://www.alexandriava.gov/business-tax)

Owner Name:

Due Date

March 1, 2013

Trade Name:

Account Number:  
Business Phone No.:  
Date Business Began:  
Business Location:

LICENSE CLASSIFICATION:	STATE BOARD OF CONTRACTORS # _____ CONTRACTORS: Please complete the enclosed Virginia Workers' Compensation Form and submit it with the renewal.
DESCRIPTION / CITY CODE:	If your business has moved out of the City or ceased doing business, please complete the cessation of business section on the reverse page.
<b>LICENSE TAX/FEE CALCULATION</b>	
1. 2012 ACTUAL GROSS RECEIPTS (The whole, entire, total receipts attributable to the licensed privilege, without deduction)	
(1A) Less Gross Receipts Allocated To Other Jurisdictions (Sufficient documentation must be attached before deduction is allowed.)	
2. 2012 ACTUAL GROSS RECEIPTS (Line 1 minus Line 1A) (Line 2 must be completed by applicant.)	<b>***REQUIRED***</b>
(2A) In City Contractors: If line 2 is less than \$10,000, enter 0. If line 2 is at least \$10,000, but less than \$100,000, enter \$50. If line 2 is \$100,000 or more, multiply the gross receipts by the tax rate (Line 5) and enter the results.  Out of State Contractors: If line 2 is less than \$25,000, enter 0. If line 2 is at least \$25,000.01, but less than \$100,000, enter \$50. If line 2 is \$100,000 or more, multiply the gross receipts by the tax rate (Line 5) and enter the results.	
3. Not Applicable Please Proceed to Line 5	
4. Not Applicable	
(4A) Not Applicable	
5. TAX RATE	
6. TAX DUE FOR 2013 BUSINESS LICENSE (Line 2(A))	
7. PENALTY (10% of tax or \$10, whichever is greater)	
8. INTEREST (Total tax and penalty x .000274 x number of days after March 31, 2013)	
9. TOTAL PAYMENT DUE (Add Lines 6, 7, and 8)	
10. REQUEST INSTALLMENT PAYMENT: YES <input type="checkbox"/> NO <input type="checkbox"/> If you qualify for and want to make installment payments, check the "Yes" box above and complete lines 11 through 13. (Please see the installment payment criteria on the reverse page for qualification.)	
11. Not Applicable	
12. TAX DUE (Line 2A)	
12(A) DIVIDE THE AMOUNT ON LINE 12 BY THE NUMBER 4	
13. FIRST INSTALLMENT PAYMENT DUE (Line 12A)	

Notice: It is a misdemeanor for any person to willfully complete an application, which he/she does not believe to be true and correct as to every material matter (Code of Virginia §58.1-11). Operating a business without a license is a criminal offense punishable up to a five hundred dollar (\$500) fine for each separate offense. A license shall not be issued or have any legal effect unless all delinquent business license, business personal property, meal sales and transient lodging taxes are paid in full. Business license is valid only for the person named herein and is not transferable.

APPLICANT'S SIGNATURE

DATE

PREPARER'S SIGNATURE

DATE

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**INSTALLMENT PAYMENT CRITERIA**

- The tax liability must be \$1,000 or more;
- All firms must file and pay the first installment by March 1, 2013; and
- All prior year(s) delinquent business taxes (business license, business tangible personal property, meal sales, transient lodging, etc.) must be paid in full before an installment payment plan can be approved.

Note: Handling charges are added to the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> installments (5% of the 2<sup>nd</sup> payment, 6% of the 3<sup>rd</sup> payment and 9% of the 4<sup>th</sup> payment).

A default will cause the remaining installments to become due immediately including handling fees, late payment penalty, and interest

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**TAX TABLE FOR IN CITY CONTRACTORS**

**IF YOUR GROSS RECEIPTS ARE:**

At least:	but not over:	your tax is:
\$ 0.00.....	\$9,999.....	\$ 0.00
\$10,000.....	\$99,999.....	\$50.00
\$100,000 or more.....		0.0016

**TAX TABLE FOR OUT-OF-STATE CONTRACTORS**

**IF YOUR GROSS RECEIPTS ARE:**

At least:	but not over:	your tax is:
\$ 0.00.....	\$25,000.....	\$ 0.00
\$25,001.....	\$99,999.....	\$50.00
\$100,000 or more.....		0.0016

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**Cessation of Business**

Date Business Ceased: \_\_\_\_\_ 2012 Actual Gross Receipts Earned: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
(Street)

Telephone Number: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
Business E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(An original Signature of the owner or authorized corporate representative is required)

**This Form Must Be Completed and Returned**



**City of Alexandria**

**2013 Business Vehicle Certification Form**

Trade Name

Federal Identification Number or Social Security Number

Business Location Address

Mailing Address

City

State

Zip

Please provide the information requested in the table below for each vehicle owned by this business and located in the City of Alexandria. Additional vehicles may be listed on the back of this form.

Vehicle Identification Number	Make/Model	Date located in City	Date Disposed or Moved Out	Personal Property Tax Account Number	% of Business Use

This business owns no vehicles that are located in the City of Alexandria

I hereby certify that the information provided concerning the vehicles owned by this business and located in the City of Alexandria is true, correct and complete; and that all vehicles are used primarily for business use.

Signature

Date

See Reverse



# Contractor's Certificate of Workers' Compensation Insurance

(Form 61-A)



www.workcomp.virginia.gov

**PLEASE COMPLETE FULLY AND LEGIBLY**

**INSTRUCTIONS ON REVERSE SIDE**

This form must be filed in each Virginia locality where a contractor applies for or renews a business license

<b>Locality Issuing License:</b> City <input type="checkbox"/> Town <input type="checkbox"/> County <input type="checkbox"/>	<b>Name of Locality:</b>	<b>Business or Trade Name</b>	<b>Business License Number:</b>
<b>Name of Applicant</b> Last:	First:	<b>Business FEIN or Tax ID Number:</b>	
<b>Applicant Mailing Address:</b>		<b>Business Address:</b>	
City: State: Zip:		City: State: Zip:	
<b>Home Telephone:</b>		Business: Corp. <input type="checkbox"/> L.L.C. <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>	
<b>METHOD of WORKERS' COMPENSATION INSURANCE:</b> Indicate One:		<b>Type of Trade or Industry:</b>	
<input type="checkbox"/> Insurance Carrier licensed in Virginia		Business Telephone: E-mail Address:	
<input type="checkbox"/> Self insured with certificate of authorization issued by the Virginia Workers' Compensation Commission		<input type="checkbox"/> Check Here if Workers' Compensation is <i>Not</i> Required	
<input type="checkbox"/> Group Self-Insurance Association (GSIA) licensed by the State Corporation Commission		<b>Reason:</b>	
<input type="checkbox"/> A Professional Employer Organization (PEO) registered in Virginia		<input type="checkbox"/> Less than 3 employees <small>(Note: Corporate officers, LLC managers, part-time employees and employees of your subcontractors generally count as your employees for workers' compensation purposes. Filing of a 1099, payment of cash wages or designating a worker an "Independent Contractor" does not necessarily alter employee status under the Workers' Compensation Act.)</small>	
<b>Name of Insurance Carrier, Self-Insured, GSIA or PEO:</b>		<input type="checkbox"/> Other (Explain)	
<b>Policy, Master Policy or Certificate Number:</b>		<b>If you answered workers' compensation Not Required, answer below: Do you hire Independent Contractors or subcontractors with employees to assist you in your work?</b>	
<b>Policy Effective Date and Policy Period:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

For VWC Use Only:

Under penalty of perjury, the undersigned certifies s/he is duly authorized by the business license applicant to execute this certificate; the information provided herein is correct; and the business is in compliance with Chapter 8 of Title 65.2 of the Virginia Workers' Compensation Act and will remain in compliance with the law during the effective period of the business license.

<b>Signature of Applicant</b>	<b>Date</b>
<b>Print Name of Applicant</b>	

Form 61-A is prepared and distributed by the Virginia Workers' Compensation Commission to local licensing authorities for use in compliance with §58.1-3714, Code of Virginia. Form 61 A is available online at [www.workcomp.virginia.gov](http://www.workcomp.virginia.gov) Return this form to the licensing authority.

For questions regarding this form, please contact the Commission toll-free at 1-877-664-2566 or 804 205-3586

*A Certificate of Insurance Will Not Be Accepted In Lieu of Completed Form*

**Return completed form to the licensing authority where business license is obtained**

*INSTRUCTIONS FOR COMPLETION OF VWC FORM 61-A*

**Contractor's Certificate of Workers' Compensation Insurance**

**To be completed by the official issuing the business license.**

1. Check one. City, Town or County.  
Provide the name of locality issuing the license.  
Provide business license number including any prefix or suffix.

**To be completed by the contractor. All information requested is required.**

2. Applicant's name, mailing address and phone number are required.
3. Provide complete name of business. Sole-proprietors and partners should include the trade name under which the business operates.
4. Provide the complete business address used to receive mail by the U.S. Postal Service.
5. Provide the Federal Employer Identification Number (FEIN) for the business. If one has not been issued, list the Temporary FEIN issued by the Virginia Tax Dept. If you are a sole proprietor with neither, list your social security number, however it is best to obtain a FEIN, given the restrictions on use of social security numbers.
6. Check the legal status of the business.
7. Provide the type of trade or industry in which the business is classified.
8. Provide the business phone number and the e-mail if available.
9. Provide the complete name of the insurance company or other insuring entity providing workers' compensation liability insurance for the business. If insured with a carrier, provide carrier name and policy number. If self-insured, provide name on certificate and certificate number. If group self-insured, provide group name and member number. If insured under a Professional Employer Organization (PEO) master policy, provide PEO name and policy number. For all coverage provide policy effective dates.

Do not use the name of an insurance agency.

If the name of the insurance company is unknown, contact the agent for this information.

10. For contractors that indicate workers' compensation is not required, indicate if you hire subcontractors to assist you in your work or in fulfilling your contracts.
11. For general information regarding whether workers' compensation coverage is required, please review the brochure provided or contact the Virginia Workers' Compensation Commission at 1-877-664-2566.
12. Sign the form and print the name of the person signing the form.
13. Date the form.
14. **Return the completed form to the licensing authority where it was obtained.**

**Note:** The state funds of West Virginia and Maryland are not authorized to write workers' compensation insurance in Virginia.

**DO NOT ATTACH ANY DOCUMENTS TO THE CONTRACTOR'S CERTIFICATE.**