

City of Alexandria

Business Tax
P. O. Box 34939
Alexandria, VA 22334-0850

Reciprocity Contractors 2013 Filing of Gross Receipts

Filing Deadline: March 1, 2013

Applicant Name and Mailing Address. (If Corporation, Enter Corporate Name)		
Account Number:		
Telephone Number:	E-Mail Address:	
Trade Name:		
Address:		
City:	State:	Zip Code:
If you have ceased business, enter date: _____ / _____ / _____		
Virginia State Contractor's License Information		
VA Class A, B, or C:	VA Class License #	
Jurisdiction in which you hold your business license:	License #	

- | | | |
|--|-----------------------|--|
| 1. 2012 Gross Receipts in the City of Alexandria | \$ _____ | If this figure does not exceed \$25,000, your tax due is zero. |
| 2. Tax Rate | X _____ <u>0.0016</u> | |
| 3. Tax Due | \$ _____ | Calculate tax due: If your gross receipts exceed \$25,000, but are no more than \$100,000, your tax due is \$50. If your gross receipts are \$100,000 or more, multiply by the tax rate. |
| 4. Less Gross Receipts Tax Already Paid in 2012 | \$ _____ | |
| 5. Late Payment Penalty | \$ _____ | 10% of the tax due or \$10, whichever is greater. |
| 6. Interest | \$ _____ | 10% per annum of tax and penalty, if filed after March 31, 2013. |
| 7. Total Payment Due | \$ _____ | |

Please complete the enclosed Virginia Workers' Compensation form and submit a current copy of your Virginia State Contractor's License.

I certify that this report has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report.		
Signature: _____	Title: _____	Date: _____

Please make all checks payable to the "City of Alexandria," and mail to:
City of Alexandria, P O Box 34939, Alexandria, VA 22334-0939

**INSTRUCTIONS FOR COMPLETING THE RECIPROCITY CONTRACTORS 2013
FILING OF GROSS RECEIPTS**

If your firm is engaged in business in the City during 2012, and earned more than \$25,000 from work performed in the City, City Code Section 9-1-79 requires that you complete the Reciprocity Contractors 2013 Filing of Gross Receipts form and pay the appropriate business license tax.

In calculating the tax amount due, use the following schedule:

Annual Gross Receipts Earned in Alexandria	Tax Due Amount
\$0.00 to \$25,000	\$0.00 (Still required to complete and return application regardless of gross receipts earned.)
\$25,000.01 to \$99,999.99	\$50.00
\$100,000.00 and above	0.0016 x the total Gross Receipts Earned

All contractors must also complete a Contractor's Certification of Insuring Liability for Workers' Compensation in Virginia form. Code of Virginia 58.1-3714 (B)(1) prohibits a city from issuing or reissuing a business license to a contractor who has not obtained or is not maintaining workers' compensation coverage for his employees if such coverage is applicable. Please complete the enclosed form and return it along with a current copy of your Virginia State Board of Contractors license.

Please note that all business license requirements must be met before permits can be obtained from the Office of Building and Fire Code Administration.

If the applicant has any questions, please call the Business Tax at (703) 746-3903, or visit City Hall, 301 King Street, Room 1700, Alexandria, Virginia 22314.

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

Locality Issuing License: City <input type="checkbox"/> Town <input type="checkbox"/> County <input type="checkbox"/>	Name of Locality:	Business or Trade Name	Business License Number:
Name of Applicant Last:	First:	Business FEIN or Tax ID Number:	
Applicant Mailing Address:		Business Address:	
City:	State:	Zip:	City: State: Zip:
Home Telephone:		Business: Corp. <input type="checkbox"/> L.L.C. <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>	
METHOD of WORKERS' COMPENSATION INSURANCE:		Type of Trade or Industry:	
Indicate One:		Business Telephone:	
<input type="checkbox"/> Insurance Carrier licensed in Virginia		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		Reason:	
<input type="checkbox"/> A Professional Employer Organization (PEO) registered in Virginia		<input type="checkbox"/> Less than 3 employees	
Name of Insurance Carrier, Self-Insured, GSIA or PEO:		(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.)	
Policy, Master Policy or Certificate Number:		<input type="checkbox"/> Other (Explain)	
Policy Effective Date and Policy Period:		If you answered workers' compensation Not Required, answer below: Do you hire Independent Contractors or subcontractors with employees to assist you in your work?	
		<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.

Signature of Applicant	Date
Print Name of Applicant	

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 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.