**CLAIMED INCORRECT DISTRIBUTION OF
LOCAL TAX — SHORT FORM**

Note: The inquiry must contain sufficient factual data to support the probability that local tax has been erroneously allocated and distributed. Sufficient factual data must include, at a minimum, **all** of the following for each business location being questioned: 1) Taxpayer name, including owner name and fictitious business name or d.b.a. (doing business as) designation. 2) Taxpayer's permit number or a notation stating "no permit number." 3) Complete business address of the taxpayer. 4) Complete description of taxpayer's business activity(ies). 5) Specific reasons and evidence why the taxpayer's allocation is questioned. (In cases where it is submitted that the location of the sale is an unregistered location, evidence that the unregistered location is a selling location, as explained by Regulation 1699, or is a place of business, as defined by Regulation 1802, must be submitted. In cases that involve shipments from an out-of-state location and claims that the tax is sales tax and not use tax, evidence must be submitted that there was participation by an in-state office of the out-of-state retailer and that title to the goods passed in this state.) 6) Name, title, and phone number of the contact person. 7) The tax reporting periods involved.

NAME OF JURISDICTION	ALLOCATION PERIOD IN QUESTION

REASON FOR QUESTIONING THE ALLOCATION

SECTION I — GENERAL BUSINESS INFORMATION

OWNER NAME	BUSINESS NAME

BUSINESS ADDRESS *(street, city, state, zip code)*

DATE BUSINESS STARTED	CURRENTLY OPERATING ☐ Yes ☐ No
DESCRIPTION OF OPERATION OF BUSINESS	CALIFORNIA SELLER'S PERMIT NUMBER

Person to call for more information regarding the taxpayer's allocation of local tax

NAME	TITLE
DAYTIME PHONE NUMBER	BEST TIME TO CALL

MAILING ADDRESS *(street, city, state, zip code)*

SECTION II — QUESTIONS ABOUT THE BUSINESS

Has this business changed locations?   ☐ Yes   ☐ No

If yes, list previous address and dates of operation

ADDRESS *(street, city, state, zip code)*

DATES OF OPERATION

From: To: