



## CITY OF MOUNTAIN VIEW

### AFFIDAVIT

The following information pertains to your claim for exemption for **either**:

- (1) The business license tax based on your business' annual gross receipts being \$0 to \$5,000 (complete Nos. 1 through 7 below); or
- (2) The qualified nonprofit organization (complete Nos. 1 through 6 and No. 8 below).

Please complete the following information, sign and date this affidavit, then return to the City of Mountain View with your completed forms.

1. Business Name \_\_\_\_\_
2. Business Location \_\_\_\_\_
3. Business License Number \_\_\_\_\_
4. First Date of Work in the City of Mountain View \_\_\_\_\_
5. Number of employees reported to Employment Development Department \_\_\_\_\_
6. Description of your business (what do you do?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Gross receipts for most recent calendar year (actual or estimated)
  - a. Year \_\_\_\_\_
  - b. Amount \$\_\_\_\_\_ ☐ Actual ☐ Estimated
8. For qualified nonprofit exemption, do you have an IRS Determination Letter (e.g., 501(c)(3)) confirming this exemption?  
☐ Yes ☐ No (If yes, please provide copy of IRS letter with this form.)

AFFIDAVIT: I certify, under penalty of perjury, the information I provided above is true and correct, to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mo./day/year)