



7120 Pav Way #103
Prescott Valley, Arizona 86314
www.ppprescott.com

Telephone: (928) 445-8750
Fax: (928) 445-5542
Email: info@ppmprescott.net

RE: Two Percent (2%) City Sales Tax for Prescott

Dear Owner,

Enclosed with this letter, please find a form for you to review and return with your signed management contract. If you are not aware, the City of Prescott imposes a two percent (2%) city sales tax on all residential rentals within the city limits. (If your property is not within the city limits, please disregard this form.) After a decision by the City Council to hold the brokerages managing these properties responsible, it was necessary for us to develop a system that would benefit owners with convenience and save our company time. We hope that we have achieved this goal. Below are two options we offer you as the owner. Please note that it is necessary that we have this form signed and returned to us, whichever option you choose.

OPTION NO. 1

Sales tax will be paid from the owner's account automatically each month. A record of payment will be included on your monthly statement. Choosing Option No. 1, you will also need to complete the City of Prescott License Application and Licensing Eligibility form and return it with a copy of your photo identification.

We will also need the signed Addendum to Management Agreement that addresses sales tax payments. If we do not receive the completed forms, we will not be able to proceed with sales tax payments on your behalf and you will need to contact the City of Prescott directly to set this up.

OPTION NO. 2

Individual owners who wish to continue payment of taxes and hold their own license should sign and return the enclosed declaration statement. This declaration will relieve the brokerage, Pierce Property Management, of responsibility and states that the owners of said property will be paying the two percent (2%) city sales tax directly to the City. Our office will not be involved under this option and you will receive tax returns directly from the City of Prescott.

If you should have any questions, please do not hesitate to call. We appreciate your prompt response to this form.

Sincerely,
Diane Tenison
Diane Tenison



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Property Address: _____

OPTION NO. 1

As the owner of property located within the city limits of Prescott, I agree to have my property licensed for the 2% (two percent) city sales tax payment paid by my property manager, Pierce Property Management. Payments will automatically be deducted from my account each month and statement will be sent to me.

Signature: _____

Date: _____

OPTION NO. 2

As the owner of property located within the city limits of Prescott, I release my property manager, Pierce Property Management of any responsibility for payment of the 2% (two percent) city sales tax in Prescott. I agree that I will be responsible myself, as owner, for all payments to be made direct to the City of Prescott. I will include my property sales tax number _____ with this form to be kept on file with the property manager as proof of their payment responsibility.

Signature: _____

Date: _____

Thank you for your time and consideration in this matter. Please call us if you should have any questions.



LICENSE APPLICATION
TRANSACTION PRIVILEGE & USE TAX

Tax & Licensing Division
201 S. Cortez
Prescott, Arizona 86303
Phone: (928)-777-1268
Fax: (928)-777-1255
Email: salestax@prescott-az.gov

Beginning January 1, 2015, all City of Prescott Transaction Privilege Tax (TPT) licenses will be valid for one calendar year with annual renewal required. The initial license fee is \$25.00 for new licenses and no renewal fee is collected thereafter. Also, a \$40.00 Fire inspection fee is collected at the time of application for commercial locations within city limits. Proof of authorized presence in the United States per federal law must be proven upon application (most commonly Driver's license or US Passport).

For Office Use Only
License Fee: <input type="checkbox"/> 25.00
Fire Insp. Fee: <input type="checkbox"/> 40.00
License #
NAICS Code
Filing Freq M Q A
Proof of presence:

General Questionnaire		
Check one:	<input type="checkbox"/> New license <input type="checkbox"/> Changes to existing license	Former Owner (if applicable): Previous City License #:
Check any that apply:	<input type="checkbox"/> Name Change Only <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Ownership Change	Current City License (if applicable) #: Date of Change:

Rental Property Information:	Property Manager: (if applicable)
Start Date:	Name:
Rental Address:	Address:
City, State, Zip:	City, State, Zip:
AZ State TPT (Sales Tax) Number: (if applicable)	Phone:

Legal Property Ownership Information	
Legal Owner Name:	Mailing Address:
Physical Address:	City, State, Zip:
City, State, Zip:	Email:
Phone:	Social Security Number or FEIN:

Current Business Activity Type: (check all that apply)		
<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Transporting	<input type="checkbox"/> Job Printing
<input type="checkbox"/> Restaurant Bar	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Advertising
<input type="checkbox"/> Construction/Contractor	<input type="checkbox"/> Short term rental (less than 30 days)	<input type="checkbox"/> Publishing
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Residential Rental (# of Units: ___)	<input type="checkbox"/> Amusements
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Personal Property Rental	<input type="checkbox"/> Utilities
<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Commercial Rental	<input type="checkbox"/> Other: _____
Briefly Describe Nature of Business:		

ADDITIONAL INFORMATION REQUIRED ON BACK

Current Ownership Type:		
<input type="checkbox"/> Individual Owner / Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Corporation – State: _____	<input type="checkbox"/> LP – Limited Partnership	<input type="checkbox"/> Estate
<input type="checkbox"/> LLC – Limited Liability Company	<input type="checkbox"/> LLP – Limited Liability Partnership	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Foreign	

Ownership Information and Record Location Owners, Partners, LLC Members, or Officers (For additional names, please attach list)	
1. Ownership Information	2. Ownership Information (if relevant)
Title:	Title:
Name:	Name:
Residence Address:	Residence Address:
City, State, Zip:	City, State, Zip:
Contact Phone:	Contact Phone:
SSN:	SSN:
% Owned:	% Owned:

3. Ownership Information (if relevant)	4. Location of Business Records:
Title:	Address:
Name:	City, State, Zip:
Residence Address:	Contact Name:
City, State, Zip:	Contact Phone:
Contact Phone:	
SSN:	
% Owned:	

I certify that the statements made in this application are true and complete to the best of my knowledge. I acknowledge that my license is provided on condition that I report timely and pay any and all taxes due by me to the city. Incomplete forms may not be processed. If additional space is needed please provide a separate page containing that information. Also, this license does not preclude the authority of other city agencies. You should call Planning and Zoning Department at (928) 777-1207 if you have questions concerning land use or sign placement before engaging in business.

IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX

Signature (must be signed by an owner / officer):	Print Name:
Title:	Date:



LICENSING ELIGIBILITY

To be compliant with House Bill 2745 before issuing a license to an individual, the individual must present one of the following documents to the City of Prescott indicating that the individual's presence in the United States is authorized under federal law:

Check the box next to the document indicating lawful presence.

<input type="checkbox"/>	An Arizona driver's license issued after 1996 or an Arizona non-operating identification.
<input type="checkbox"/>	A driver's license issued by a state that verifies lawful presence in the United States.
<input type="checkbox"/>	A birth Certificate issued in any State, territory or U.S. possession.
<input type="checkbox"/>	A United States certificate of birth abroad.
<input type="checkbox"/>	A U.S. Passport
<input type="checkbox"/>	A foreign passport with a U.S. visa.
<input type="checkbox"/>	An I-94 form with a photograph.
<input type="checkbox"/>	A U.S. citizenship and immigration services employment authorization.
<input type="checkbox"/>	A U.S. certificate of citizenship.
<input type="checkbox"/>	A tribal certificate of Indian blood.
<input type="checkbox"/>	A tribal or bureau of Indian Affairs affidavit of birth.

This provision does not apply to an individual, if **all** of the following apply:

1. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.
2. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

Signature of applicant

Date

Signature of municipal employee

Date



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ADDENDUM TO MANAGEMENT AGREEMENT

STATE AUTHORIZATION

Taxpayer hereby grants appointee a limited power of attorney with the authority to sign and file transaction privilege tax license applications, license renewals, and returns and make payments to the Arizona Department of Revenue (department). Appointee is also hereby authorized to discuss Taxpayer's otherwise confidential transaction privilege tax information with authorized department employees.

This authorization includes all department transaction privilege tax applications, including renewals, and returns and shall begin with completion of this agreement and shall remain in effect until revoked by the Taxpayer or terminated by Appointee, whichever occurs first. Unless taxpayer is required to file or pay electronically, appointee will, in its discretion, file and make payments on Taxpayer's behalf in one of the filing methods: electronic or paper.

I hereby certify that the Director of the Arizona Department of Revenue is authorized to release any and all Arizona transaction privilege tax information in Department files concerning the undersigned Taxpayer and relieve said Director, or Department representative, of any liability whatsoever for releasing such transaction privilege tax information to the Appointee specified by this authorization. By signing this form, I certify that I have the authority, within the meaning of A.R.S. §42-2003(A), to execute this authorization on behalf of the above-mentioned corporation(s), limited liability company, trust(s), estate(s), partnership(s), and/or individual(s). I understand that to knowingly prepare or present a document which is fraudulent is a Class 5 felony pursuant to A.R.S. §42-1127(B)(2).

Property Address: _____

Lessor: _____

Date: _____

Agent: _____

Date: _____