

REAL ESTATE BROKER DECLARATION OF EMPLOYED SALES AGENTS

BUSINESS NAME _____

BUSINESS TAX # _____

Real Estate Brokers who wish to declare their independent Real Estate Agents as employees and be responsible for their City of San Jose Business Tax according to SJMC 4.76.355, must complete this form and return it as instructed below.

AGENT'S NAME (Last, First)	SOCIAL SECURITY NUMBER	Year Employment started?			
		06	07	08	09
1					
2					
3					
4					
5					
6					
7					
8					
A SUB TOTAL OF AGENTS (1-8) Use reverse side for additional agents	A				
B SUB TOTAL FROM REVERSE SIDE	B				
C ENTER ADDITIONAL OFFICE PERSONNEL INCLUDING OWNER(S), EMPLOYEE(S), BROKER(S), OFFICER(S) ETC. NOT LISTED ABOVE:	C				
D TOTAL TAXABLE PERSONNEL (A + B + C): IF THIS LINE IS 8 OR FEWER, ENTER "0" ON LINE "G" THEN GO TO "I"	D				
E IF "D" IS 9 OR MORE, SUBTRACT 8 FROM "D"	E				
F ENTER THE DIFFERENCE HERE:	F				
G ADDITIONAL TAX DUE (MULTIPLY LINE "F" BY \$18.00):	G	\$			
H MINIMUM TAX FOR 8 OR FEWER PERSONNEL	H			\$150.00	
I GRAND TOTAL (ADD G + H):	I	\$			

Please update your taxable personnel and tax amount due on the renewal notice if needed. Sign this form and enclose it with your payment and your updated renewal notice. Retain a copy for your subsequent years. I declare, under penalty of perjury, that the information contained in this form is true and correct. If you have any questions, please call (408) 535-7055.

DATE

BROKER'S NAME

BROKER'S SIGNATURE



		Year Employment started?			
AGENT'S NAME (Last, First)	SOCIAL SECURITY	06	07	08	09
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
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27					
28					
29					
30					
31					
32					
33					
34					
35					
TOTAL (MUST BE ENTERED ON LINE "B" ON FRONT SIDE)					



		Year Employment started?			
AGENT'S NAME (Last, First)	SOCIAL SECURITY	06	07	08	09
36					
37					
38					
39					
40					
41					
42					
43					
44					
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46					
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55					
56					
57					
58					
59					
60					
61					
62					
TOTAL (MUST BE ENTERED ON LINE "B" ON FRONT SIDE)					

AGENT'S NAME (Last, First)	SOCIAL SECURITY	Year Employment started?			
		06	07	08	09
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
TOTAL (MUST BE ENTERED ON LINE "B" ON FRONT SIDE)					