



Riverside County Treasurer-Tax Collector
 Attn: Cancellation of Penalties
 P.O. Box 12005
 Riverside, CA 92502-2205

Tax Collector Public Service
 (951) 955-3900

www.CountyTreasurer.org

STATEMENT OF SMALL BUSINESS or OWNER OCCUPIED RESIDENCE COVID-19 IMPACT

This document is required to be submitted along with a Request for Cancellation of Penalty – COVID 19 Impact form. Per Governor Newsom’s Executive Order N-61-20, taxpayers paying taxes beyond the due date can apply for penalties, costs or interest to be waived if they qualify and can provide documentation of financial or physical impact due to COVID 19.

In addition to providing documentation showing impact, taxpayers must also provide proof that they qualify for the waiver. The property for which taxes were not paid timely must be either:

1. Residential Real Property occupied by the Taxpayer (complete section A below), or
2. Real Property owned and operated by a taxpayer that qualifies as a small business under the Small Business Administration’s Regulations, Code of Federal Regulations Title 13, section 121.201 (Complete Section B below)

Name of Owner on Title: _____

Best Daytime Telephone #: _____ Home Cell Work E-Mail Address: _____

Parcel #(s) / PIN #(s) / Bill #(s): _____

See List (Please include all pertinent Parcel / PIN / Bill numbers or check the box and attach a separate list)

Fiscal Year(s): _____

A. If you are applying as an Owner Occupied Residential Real Property, you will need to provide one of the following to prove that this is your primary residence:

I receive a Homeowner’s Exemption on this property. Please use this Exemption as proof of my Primary residence

OR

I am sending in attaching a photo copy of **BOTH**:

- My Driver’s License displaying the address for this property as my home address
- Plus, a copy of a utility bill for this address that is in my name.

B. If you are applying as a Small Business, please provide your North American Industry Classification System Code (NAICS) as well as proof of appropriate factor (either total annual receipts or number of employees)

NAICS Code _____ Annual Receipts _____ Number of employees _____
(Include documentation) (Include documentation)

Additional information for the SBA size standards and NAICS codes can be found at:

<https://ecfr.io/Title-13/Section-121.201>

<https://www.sba.gov/federal-contracting/contracting-guide/size-standards>

SIGNATURE _____ **Date:** _____

Print Name: _____ **Title:** _____

By signing this form, I attest under penalty of perjury that the above information is true and correct