

Treasurer & Tax Collector

CITY AND COUNTY OF SAN FRANCISCO

ALT ACCESS LINE TAX STATEMENT

	BUSINESS ACCOUNT NUMBER	PERIOD COVERED				DUE ON OR BEFORE													
				1		1			Т			1	1						
1.	Total Charges for Prepaid Mobile Teleph	ony Services	\$,				,			,				•				
2.	Exempt or Non-Taxable Charges	nhony Convisoo (Ling 1 minus	\$,				,			,								
3.	Taxable Charges for Prepaid Mobile Tele 2)	phony Services (Line Thinus	Line \$,							,								
	Access Line Tax Due for Prepaid Mobile by .083)	Telephony Services (Multiply I		1							1								
4.	4. DY .U83)											L							
	ACCESS LINES					HIGH-CAPACITY TRUNK LINES													
5a.	Total Number of Access Lines Served	5b. Total Number of Trunk	Lines Served	5	ic.	Т	otal N	umbe	r of I	High-C	Capa	city T	runk l	_ines	Ser	ved			
6a.	Exempt Access Lines	6b. Exempt Trunk Lines		6	ic.	E	xemp	: High	-Cap	bacity	Trun	k Line	es		_				
7a.	Total Number of Taxable Access Lines	7b. Total Number of Taxab	le Trunk Lines	7	c.					Taxabl	e Hi	gh-Ca	pacit	yTrur	ık Li	nes			
	(Subtract 6a from 5a)	(Subtract 6b from 5b)				(2	Subtra	CT 6C	Trom	<u>15C)</u>									
0-					-			,											
8a.	Gross Tax (Multiply 7a by \$4.15)	8b. Gross Tax (Multiply 7b b) \$)y \$31.24)	Ś	lc.		ross i			ly 7c b	y 351	52.50]			
\$, 														
9.	Total Gross Tax for Other Than Prepaid N 8b and 8c)	10bile Telephony Services (Ad	ld 8a, \$	_							,								
0.	Less Amount Exceeding \$83,536.41 Ann	ual Cap per Account per Servi	се	ſ							ſ				-				
10A.	Location		\$	'				·			'				•				
10B.	Number of Accounts Exceeding \$83,536	•	\$,				,			,								
11.	Access Line Tax Due for Other Than Pre (Line 9 minus 10A)	baid Mobile Telephony Service	s \$,				,			,								
12.	Total Access Line Tax Due (Line 4 plus L	ine 11)	\$,				,			,								
13.	Late Filing Penalty: Add \$100.00 if deline	quent	\$	Ι,				,			,								
14.	Late Payment Penalty: If delinquent, mu		n up to												ĺ				
	25%.		\$,				,			,				•				
15.	Interest: Multiply Line 12 by 1% per mont	h if delinquent	\$,				,			,				•				
16.	Administrative Fee: If filed or paid after		\$,				,			,								
17.	Total Payment Due: Add line 12 through	line 16. Make check payable t																	
l certif		or (including an officer, general p	\$, nade	r, ex	ecut	or, tru	, Istee	e, fid	luciar	v , o	r oth	erino	divid	• ual	with			
the authority to bind the operator), or an agent of the operator authorized to sign this form on behalf of the operator pursuant to a validly executed Power of Atto								orn	ey,										
and I have examined the foregoing Access Line Tax Statement including any accompanying schedules or worksheets, and the information thereon is, to the best of my knowledge and belief, true and correct, and fully compliant with all the requirements provided in Articles 6 and 10B of the San Francisco Business and Tax																			
	ations Code and Part 21.1 (commencing with Se		•													ı			
	nse to a request for financial information pursu		rancisco Business ar	nd Ta	ax R	egula	tions	Cod	e. la	am re	quir	ed b	y law	to c	om	olete	Э		
this form in its entirety and understand this statement is subject to audit.																			
SIGN H			DATE																
	IERE X		BUSINESS																
PRINT	NAME		TELEPHONE																
TITLE			E-MAIL																