

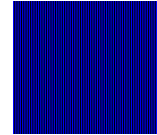
2003
LONG
FORM

PAYROLL TAX STATEMENT

Online Filing:
www.services.sfgov.org

SAN FRANCISCO TAX COLLECTOR
BUSINESS TAX SECTION
P.O. BOX 7425
SAN FRANCISCO, CA 94120-7425
TAXPAYER ASSISTANCE: (415) 554-4400 TTY: (415) 554-4455

DELINQUENT AFTER FEBRUARY 29, 2004



BUSINESS TAX ID NUMBER CERTIFICATE NUMBER TAX YEAR

DO NOT WRITE IN PRE-PRINTED AREAS. USE BLACK INK AND STAY INSIDE BOXES. PLEASE HAND PRINT. DO NOT TYPE. DO NOT SEND PHOTOCOPY.

- A. Final Statement for Closed Business Date Closed
B. Neighborhood Beautification Fund Designation
C. Does business have a burglar alarm?
D. Enter the total number of SAN FRANCISCO employees as of December 31, 2003.
E. Number that work 35 hours or more per week in SAN FRANCISCO?
F. Number of SAN FRANCISCO business Partners?
G. Fill in your primary IRS Business activity code (NAICS code).

H. BUSINESS TELEPHONE NUMBER

Table with 16 rows for payroll tax calculations including Total PAYROLL EXPENSE, Total EXEMPT PAYROLL, Taxable S.F. Payroll, Payroll Tax Calculated, and various penalties and fees.

THIS STATEMENT MUST BE FILED BY FEBRUARY 29, 2004 OR YOU WILL BE SUBJECT TO FEES, PENALTIES, AND/OR INTEREST.

Under the laws of the State of California, I declare under penalty of perjury that I have read the foregoing and that it is true, correct, and complete to the best of my knowledge and belief.

X SIGN HERE

DATE

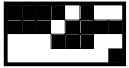
Prepare only one STATEMENT(Long Form) even if you attach multiple Schedule Cs

B106-03

PLEASE ATTACH SCHEDULE C TO STATEMENT WHEN FILING

28360





Payroll Expense

SCHEDULE C

BUSINESS TAX ID

CERTIFICATE NUMBER

Tax Year

61212

PAYROLL TAX CALCULATIONS

Column A

Column B

Column C

Locations (non-SF = 999)		NAICS Code	No. employees as of 12/31/03	Gross Payroll	Exempt Payroll	Taxable Payroll
1	DBA <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address <input type="text"/>		
	LOC <input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
2	DBA <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address <input type="text"/>		
	LOC <input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
3	DBA <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address <input type="text"/>		
	LOC <input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
4	DBA <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address <input type="text"/>		
	LOC <input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Totals					

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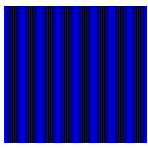
2003 LONG FORM
PAYROLL TAX STATEMENT

PERIOD COVERED: January 1 - December 31, 2003 **DELINQUENT IF PAID OR POSTMARKED AFTER FEBRUARY 29, 2004**

BUSINESS TAX ID NUMBER	OWNERSHIP NAME	PAYMENT ENCLOSED
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Payment enclosed must equal the amount stated on Line 16 of statement. (Please write your Business Tax ID or certificate number on your check.)

- Check this box if Line 4 on page 1 is less than \$1.
- Check this box if Line 4 on page 1 is \$1 or more and less than \$500.

**BUSINESS REGISTRATION**

SAN FRANCISCO TAX COLLECTOR
 BUSINESS TAX SECTION
 P.O. BOX 7423
 SAN FRANCISCO, CA 94120-7423
 TAXPAYER ASSISTANCE: (415) 554-4400 TTY: (415) 554-4455

Online Filing:
www.services.sfgov.org

**BUSINESS REGISTRATION
 RENEWAL FOR**

7/1/04 - 6/30/05

**DELINQUENT AFTER:
 FEBRUARY 29, 2004**

BUSINESS TAX ID NUMBER	CERTIFICATE NUMBER	TAX YEAR
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DO NOT WRITE IN PRE-PRINTED AREAS. USE BLACK INK AND STAY INSIDE BOXES. PLEASE HAND PRINT. DO NOT TYPE. DO NOT SEND PHOTOCOPY.

A. Business Closed Date Closed _____

B. Neighborhood Beautification Fund Designation

C. Does business have a burglar alarm? Yes No

D. Enter the total number of SAN FRANCISCO employees as of December 31, 2003.

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E. Number that work 35 hours or more per week in SAN FRANCISCO?

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F. Number of SAN FRANCISCO business Partners? (if ZERO, leave blank)

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G. Fill in your IRS Business activity code (NAICS code). See instructions.

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H. BUSINESS TELEPHONE NUMBER

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PLEASE READ INFORMATION ON REVERSE SIDE

A. Renewing Your Registration:

Line 1: Registration Fee (see reverse side for fee schedule). If paid by 2/29/04, go to Line 6 or if paid after 2/29/04, go to Line 2	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Line 2: Add a Registration negligence penalty equal to the fee on Line 1.	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Line 3: Add a \$25 administrative fee if your registration fee is \$25. Otherwise, add a \$35 administrative fee.	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Line 4: Add a \$100 Payroll Tax late filing penalty.	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Line 5: Add a \$35 administrative fee for late filing of your Payroll Tax information.	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Line 6: Total Amount Due (add Lines 1, 2, 3, 4, and 5 above). Make check payable to the SF Tax Collector and return this signed statement with payment to the above address by February 29, 2004 to avoid additional penalties.	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

B. Not Renewing Your Registration / Any Other Business Changes

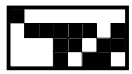
For any changes to your business, such as, address changes, additional DBA / location, closing of business, please complete and return the "Request for Information" Change Form.

C. Please sign below and mail this statement with payment to the above address by February 29, 2004:

- Check this box if you have no employees in San Francisco
- Check this box if you have payroll between \$66.67 and \$33,333.34

Under the laws of the State of California, I declare under penalty of perjury that I have read the foregoing and that it is true, correct, and complete to the best of my knowledge and belief.

55486



X SIGN HERE _____ **DATE** _____

B111-05

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 BUSINESS TAX SECTION
 P.O. BOX 7423
 SAN FRANCISCO, CA 94120-7423
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MAKE CHECK PAYABLE TO: SAN FRANCISCO TAX COLLECTOR

**BUSINESS REGISTRATION
 RENEWAL FOR
 7/1/04 - 6/30/05**

PERIOD COVERED: July 1, 2004 - June 30, 2005 DELINQUENT IF PAID OR POSTMARKED AFTER FEBRUARY 29, 2004

BUSINESS TAX ID NUMBER	OWNERSHIP NAME	PAYMENT ENCLOSED
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NOTE: Payment enclosed must equal the amount stated on Line 6. (Please write your Business Tax ID on your check.) OVER