



BUSINESS REGISTRATION RENEWAL

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

**BUSINESS REGISTRATION
RENEWAL FOR**

7/1/05 - 6/30/06

**DELINQUENT AFTER:
FEBRUARY 28, 2005**

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. Neighborhood Beautification Fund Designation

B. Does business have a burglar alarm? Yes No

C. Enter the total number of SAN FRANCISCO employees as of December 31, 2004.

--	--	--	--	--

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

--	--	--	--	--

E. Number of SAN FRANCISCO business partners? (if ZERO, leave blank)

--	--	--	--	--

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

--	--	--	--	--	--	--	--

G. BUSINESS TELEPHONE NUMBER

--	--	--	--

 -

--	--	--	--

 -

--	--	--	--

PLEASE READ INFORMATION ON REVERSE SIDE

H. Renewing Your Registration (Online Renewal at www.services.sfgov.org):

Line 1: Registration Fee Renewed - Pay amount on this line or if paid after 2/28/05, go to Line 2 and Line 3. \$

Line 2: Add a Registration negligence penalty equal to the fee on Line 1. \$

--	--	--	--	--

 .

--	--

Line 3: Add a \$25 administrative fee if your registration fee is \$25. Otherwise, add a \$35 administrative fee. \$

--	--	--	--	--

 .

--	--

Line 4: Total Amount Due (add Lines 1, 2, 3 above). Make check payable to the San Francisco Tax Collector and return this signed statement with payment to the above address. \$

--	--	--	--	--

 .

--	--

I. Not Renewing Your Registration / Other Changes:

- Business Closed:** Date Closed/Sold _____ You must file a final tax statement if your 2004 taxable San Francisco payroll was \$66,666.67 or more.
- Other Changes:** (address changes, additional DBA / location, closing a location, new ownership information) complete and return the "Request for Information Change" form.

- J. If your 2004 taxable San Francisco payroll was less than \$66,666.67, check one of the boxes below:
- No employees or your 2004 taxable San Francisco payroll was less than \$66.67.
 - 2004 taxable San Francisco payroll was between \$66.67 and \$66,666.66.
- If you checked either box on Line J above, you do not need to file the enclosed 2004 San Francisco Payroll Tax Statement. Continue on Line L.
- K. If your 2004 taxable San Francisco payroll was \$66,666.67 or more, complete the 2004 Payroll Tax Statement and return this registration renewal form.
- L. 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.

38588



X SIGN HERE _____

DATE _____

B111-06

PLEASE DO NOT TEAR APART HERE

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

**BUSINESS REGISTRATION
RENEWAL FOR
7/1/05 - 6/30/06**

PERIOD COVERED: July 1, 2005 - June 30, 2006

DELINQUENT IF PAID OR POSTMARKED AFTER FEBRUARY 28, 2005

BUSINESS TAX ID NUMBER	OWNERSHIP NAME	PAYMENT ENCLOSED

NOTE: Payment enclosed must equal the amount stated on Line 4. (Please write your Business Tax ID on your check.)

OVER

2004 EZ FORM PAYROLL TAX STATEMENT

DELINQUENT AFTER FEBRUARY 28, 2005

BUSINESS TAX ID NUMBER	CERTIFICATE NUMBER	BUSINESS LOCATION	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.

Number of employees as of 12/31/04:

Neighborhood Beautification Fund Designation

Final Statement Date closed/sold _____

If sold, name, address, and phone number of new owner: _____

Complete this form only if your 2004 taxable San Francisco payroll was \$66,666.67 or more, or you are claiming a refund. Otherwise, complete and return the Business Registration Renewal only.

BUSINESS TELEPHONE NUMBER - -

1.	Total PAYROLL EXPENSE	\$	<input type="text"/>
2.	Total EXEMPT PAYROLL	\$	<input type="text"/>
3.	Total Taxable San Francisco Payroll (Subtract line 2 from line 1)	\$	<input type="text"/>
4.	Payroll Tax Calculated (Multiply line 3 by Payroll Tax rate of 1.5% or .015)	\$	<input type="text"/>
5.	If line 4 is less than \$1,000.00. Do not complete this form unless claiming a refund. Complete and return the Registration Renewal only.		
6.	If line 4 is over \$2,500.00 enter the amount from line 4, otherwise, enter zero, and complete lines 7 to 14.	\$	<input type="text"/>
7.	Enter 2004 PREPAYMENT PAID (Do not include Registration Fees). If none, enter zero.	\$	<input type="text"/>
8.	Amount you owe. (Subtract line 7 from line 6. If line 7 is larger than line 6, enter zero).	\$	<input type="text"/>
9.	Amount to be refunded to you. (If line 7 is larger than line 6, enter difference). See instructions.	\$	<input type="text"/>
10.	LATE FILING PENALTY. If filed or postmarked after February 28, 2005 , enter penalty amount. See instructions.	\$	<input type="text"/>
11.	LATE PAYMENT PENALTY. If paid after February 28, 2005 , enter late payment penalty. See instructions.	\$	<input type="text"/>
12.	INTEREST. If paid after February 28, 2005 , enter interest. See instructions.	\$	<input type="text"/>
13.	ADMINISTRATIVE FEE. If filed or postmarked after February 28, 2005 , enter fee of \$35.00.	\$	<input type="text"/>
14.	TOTAL AMOUNT YOU OWE. (Add Lines 8,10,11,12,13). Make check payable to San Francisco Tax Collector.	\$	<input type="text"/>

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.

41285

X SIGN HERE _____

DATE _____

B143-04



THIS STATEMENT MUST BE FILED BY FEBRUARY 28, 2005 OR YOU WILL BE SUBJECT TO FEES, PENALTIES, AND/OR INTEREST.

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

PLEASE DO NOT TEAR APART HERE

2004 EZ
PAYROLL TAX STATEMENT

PERIOD COVERED: January 1 - December 31, 2004 **DELINQUENT IF PAID OR POSTMARKED AFTER FEBRUARY 28, 2005**

BUSINESS TAX ID NUMBER	OWNERSHIP NAME	PAYMENT ENCLOSED

NOTE: Payment enclosed must equal the amount stated on Line 14. (Please write your Business Tax ID or certificate number on your check.) OVER