



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
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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. 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.

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

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

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

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G. BUSINESS TELEPHONE NUMBER

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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. \$

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

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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. \$

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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

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**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
LONG
FORM**

PAYROLL TAX STATEMENT

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 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.

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.	From Schedule C, line 8, column A	Total PAYROLL EXPENSE	\$	<input type="text"/>
2.	From Schedule C, line 8, column B	Total EXEMPT PAYROLL	\$	<input type="text"/>
3.	From Schedule C, line 8, column C	Total Taxable S.F. 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. STOP! 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 calculated Enterprise Zone and/or Garment Mfrs. TAX CREDIT AMOUNTS and ATTACH WORKSHEETS. If none, put zero on line 7 total.			
	\$	<input type="text"/>	\$	<input type="text"/>
			ENTER TAX CREDITS TOTAL (EZ+GM):	\$ <input type="text"/>
8.	Tax Liability after EZ and/or GM Tax Credits (Subtract TOTAL of line 7 from line 6. If line 7 is greater than line 6, enter zero.)		\$	<input type="text"/>
9.	Enter 2004 PREPAYMENT PAID (Do not include Registration Fees). If none, enter zero.		\$	<input type="text"/>
10.	Amount you owe. (Subtract line 9 from line 8. If line 9 is larger than line 8, enter zero.)		\$	<input type="text"/>
11.	Amount to be refunded to you. (If line 9 is larger than line 8, enter difference.) See instructions.		\$	<input type="text"/>
12.	LATE FILING PENALTY. If filed or postmarked after February 28, 2005 , enter penalty amount. See instructions.		\$	<input type="text"/>
13.	LATE PAYMENT PENALTY. If paid after February 28, 2005 , enter late payment penalty. See instructions.		\$	<input type="text"/>
14.	INTEREST. If paid after February 28, 2005 , enter interest. See instructions.		\$	<input type="text"/>
15.	ADMINISTRATIVE FEE. If filed or postmarked after February 28, 2005 , enter fee of \$35.00.		\$	<input type="text"/>
16.	TOTAL AMOUNT YOU OWE. (Add Lines 10,12,13,14,15.) Make check payable to San Francisco Tax Collector.		\$	<input type="text"/>

THIS STATEMENT MUST BE FILED BY FEBRUARY 28, 2005 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.

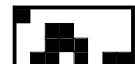
X SIGN HERE _____ **DATE** _____

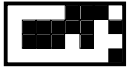
Prepare only one STATEMENT(Long Form) even if you attach multiple Schedule Cs

B106-04

PLEASE ATTACH SCHEDULE C TO STATEMENT WHEN FILING

7180





Payroll Expense

SCHEDULE C

BUSINESS TAX ID

CERTIFICATE NUMBER

Tax Year

32116

PAYROLL TAX CALCULATIONS

Column A

Column B

Column C

Locations (non-SF = 999)		NAICS Code	No. employees as of 12/31/04	Gross Payroll	Exempt Payroll	Taxable Payroll
1	DBA <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address		
	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		
	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		
	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		
	LOC <input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
5	DBA <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address		
	LOC <input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
6	DBA <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address		
	LOC <input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
7	DBA <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address		
	LOC <input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Totals					

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2004 LONG FORM
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
<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.)