



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

7/1/07 - 6/30/08

**DELINQUENT AFTER
FEBRUARY 28, 2007**

| | | |
|------------------------|--------------------|----------|
| 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. Does business have a burglar alarm? Yes No

B. Enter the total number of taxable SAN FRANCISCO employees for 2006.

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C. Number of employees that work 35 hours or more per week in SAN FRANCISCO?

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D. For business partnerships, number of equity partners located in San Francisco.

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E. Fill in your primary IRS Business activity code (NAICS code). See instruction booklet.

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F. 2006 Gross Receipts from SF sources. See reverse.

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G. Contact Number

| | | | | | | | | | | | | | | | | | | | |
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PLEASE READ INFORMATION ON REVERSE SIDE

H. Renewing Your Registration

1: Registration Fee Renewal - **Pay amount on this line on or before 2/28/07.** \$ _____

2: **After 2/28/07**, add a registration negligence penalty equal to the fee on Line 1. \$

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3: **After 2/28/07**, add a \$25 administrative fee if your registration fee is \$25. Otherwise, add a \$35 administrative fee. \$

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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. Payroll Tax (Please fill in only one box ■ here and at the bottom on line K):

2006 taxable San Francisco payroll was between \$0 and \$66.66. **Please sign and return only this renewal form with payment.**

2006 taxable San Francisco payroll was between \$66.67 and \$66,666.33. **Please sign and return only this renewal form with payment.**

2006 taxable San Francisco payroll was \$66,666.34 or more. **Complete the 2006 Payroll Tax Statement and return this renewal form.**

J. Not Renewing Your Registration / Other Changes:

Business Closed: Closed/Sold/No longer doing business in San Francisco Date: _____ You must file a final tax statement.

Other Changes: (address changes, additional DBA / location, closing a location, new ownership information) complete and return the "Request for Information Change" form located in the instruction booklet.

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.

OVER

23276



X SIGN HERE _____ **DATE** _____

B111-08

PLEASE DO NOT TEAR APART HERE

| BUSINESS TAX ID NUMBER | OWNERSHIP NAME | PAYMENT ENCLOSED |
|------------------------|----------------|------------------|
| | | |

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

K. Payroll Tax (Please fill in only one box ■ here)

2006 taxable San Francisco payroll was between \$0 and \$66.66.

2006 taxable San Francisco payroll was between \$66.67 and \$66,666.33.

2006 taxable San Francisco payroll was \$66,666.34 or more.

BUSINESS REGISTRATION
RENEWAL FOR
7/1/07 - 6/30/08
DELINQUENT IF PAID OR POSTMARKED
AFTER FEBRUARY 28, 2007

2006 EZ FORM PAYROLL TAX STATEMENT

DELINQUENT AFTER FEBRUARY 28, 2007

| | | | |
|------------------------|--------------------|-------------------|----------|
| 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.

Complete this form only if your 2006 taxable San Francisco payroll was \$66,666.34 or more, or you are claiming a refund, or this is a final statement. Otherwise, complete and return the Business Registration Renewal only.

Final Statement Date closed/sold _____
If sold, name, address, and phone number of new owner:

()

Number of taxable San Francisco employees for 2006:

CONTACT NUMBER - -

| | | | |
|-----|--|----|---|
| 1. | Total PAYROLL EXPENSE | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2. | Total EXEMPT PAYROLL | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. | Total Taxable San Francisco Payroll (Subtract line 2 from line 1) | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4. | Payroll Tax Calculated (Multiply line 3 by Payroll Tax rate of 1.5% or .015) | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 5. | If line 4 is less than \$1,000.00, complete and return the Registration Renewal only unless claiming a refund or filing a final statement. | | |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 7. | Enter 2006 PREPAYMENT PAID (Do not include Registration Fees). If none, enter zero. | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 8. | Amount due. (Subtract line 7 from line 6. If line 7 is larger than line 6, enter zero). | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 9. | Amount to be refunded to you. (If line 7 is larger than line 6, enter difference). See instruction booklet. | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 10. | If filed or postmarked after February 28, 2007, enter LATE FILING PENALTY. See instruction booklet. | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 11. | If paid after February 28, 2007, enter LATE PAYMENT PENALTY. See reverse and/or instruction booklet. | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 12. | If paid after February 28, 2007, enter INTEREST. See instruction booklet. | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 13. | If filed or postmarked after February 28, 2007, enter ADMINISTRATIVE FEE of \$35.00. | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 14. | TOTAL DUE. (Add Lines 8,10,11,12,13). Make check payable to San Francisco Tax Collector. | \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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.

8325



X SIGN HERE _____ **DATE** _____

B143-06

THIS STATEMENT MUST BE FILED BY FEBRUARY 28, 2007 OR YOU WILL BE SUBJECT TO FEES, PENALTIES, AND/OR INTEREST.

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

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2006 EZ
PAYROLL TAX STATEMENT

PERIOD COVERED: January 1 - December 31, 2006 **DELINQUENT IF PAID OR POSTMARKED AFTER FEBRUARY 28, 2007**

| | | |
|-------------------------------|-----------------------|-------------------------|
| BUSINESS TAX ID NUMBER | OWNERSHIP NAME | PAYMENT ENCLOSED |
| | | |

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

Neighborhood Beautification Fund Designation