



ACCESS LINE TAX STATEMENT

Business Tax Section P.O. BOX 7425 San Francisco, CA 94120-7425 Telephone: 311 (within San Francisc only) or 415-701-2311 www.sftreasurer.org

CITY & COUNTY OF SAN FRANCISCO – OFFICE OF THE TREASURER & TAX COLLECTOR

JOSÉ CISNEROS, TREASURER DAVID AUGUSTINE, TAX COLLECTOR

BUSINE	PERIOD COVERED						DUE ON OR BEFORE														
-																					
Total Charges for Prepaid Mobile Telephony Services						\$,			,				,					
2. Exempt or Non-Taxable Charges						\$, [,				,					
3. Taxable Charges for Prepaid Mobile Telephony Services (Line 1 minus Line 2)						\$,			,				,					
4. Access Line Tax Due for Prepaid Mobile Telephony Services (Multiply Line 3 by .070									,			,				,					
For Other Than Prepaid M ACCESS LINES TRUNK LIN						ohony S	ervice	es					JIGH (`^D^C	ידע דו	DINK	IINES	,			
5a. Total Number of Access Lines Served 5b.			TRUNK LINES Total Number of Trunk Lines Served						HIGH-CAPACITY TRUNK LINES 5c. Total Number of High-Capacity Trunk Lines Served												
6a. Exempt Access Lin		6b.	Exempt Trunk I	Lines				_	6c		Exe	mpt Hi	gh-Ca	pacity	Trunk L	ines					
7a. Total Number of Ta	Total Number of Taxable Trunk Lines					7с		Total Number of Taxable High-CapacityTrunk Lines													
(Subtract 6a from 5a)			(Subtract 6b from 5b)							(Subtract 6c from 5c)											
8a. Gross Tax (Multiply	8b.	Gross Tax (Multiply 7b by \$27.35)					8c		Gro	ss Tax	(Multi	ply 7c l	by \$49	2.32)							
\$							\$]. [
Total Gross Tax for Other Than Prepaid Mobile Telephony Services (Add 8a, 8b and						\$,			,				,					
10A. Less Amount Exceeding \$72,956.19 Annual Cap per Account per Service Locatio					tion	\$,			,				,].		
10B. Number of Accounts Exceeding \$72,956.19 Cap						\$, _			,				,					
 Access Line Tax Due for Other Than Prepaid Mobile Telephon 10A) 				s (Line 9	9 minus	\$,			١,							١.		
12. Total Access Line Tax Due (Line 4 plus Line 11)						\$			֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			Ţ,							٦.		
13. Late Filing Penalty: Add \$100.00 if delinquent						\$			֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			Ī,				,			٦.		
Late Payment Penalty: If delinquent, multiply Line 12 by 5% per month up to an additional 20% on the first day of the 4th month					%, plus											_					
				\$,							,			┨.		\vdash		
	y Line 12 by 1% per month if de	•				\$,							,			٠.		-
 Administrative Fee: If filed or paid after: add \$55.00 Total Payment Due: Add line 12 through line 16. Make check payable to the SF Collector 					F Tax	\$, <u> </u>							<u>'</u>			·		
I certify under penalty of perjury that I am the operator (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual 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 Attorney, 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 Regulations Code and Part 21.1 (commencing with Section 42100) of the California Revenue and Taxation Code. I acknowledge that I am providing information in response to a request for financial information pursuant to Section 6.5-1 of the San Francisco Business and Tax Regulations Code. I am required by law to complete this form in its entirety and understand this statement is subject to audit.																					
SIGN HERE X			DATE																		
PRINT NAME		_	BUSINESS TELEPHONE																		
TITLE					E-MA	.IL															