



Statement Date:		2012 Payroll Expense Tax Statement
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Certificate Number:		Ownership Name:	
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Exclusions

- Check here if you are claiming SF Enterprise Zone payroll expense tax credit
You are required to submit this EZ Credit worksheet. This total will be used on the tax summary page.

Only one (1) of the below exclusions may be claimed.

- NONE
- I am claiming the Biotechnology exclusion AND have submitted an application to the Department of Health on/before 1/31/2013
- I am claiming the Clean Technology exclusion AND have submitted an application to the Department of Environment on/before 12/31/2013 for new applicants and 1/31/2013 for renewals.
- I am claiming Stock Based Compensation Exclusion.
Our office will contact you to submit your payroll expense tax statement - e-filing is not available.



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Location

Exclusion	DBA Name	Street Address	2012 Taxable SF Emp#	2012 SF Payroll Expense	Closure Date

New Location

Exclusion	DBA Name	Street Address	2012 Taxable SF Emp#	2012 SF Payroll Expense	Open Date	Primary Activity



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Tax Summary

Total (SF and global) gross payroll expense	\$
San Francisco payroll expense	\$
Total payroll expense tax exclusions	\$
Payroll expense tax (1.5%)	\$
SF Enterprise Zone tax credit (EZ tax credit worksheet)	\$
Total payroll expense tax pre-payments paid in 2012	\$
Administrative Fee	\$
Late Filing Penalty	\$
Under Payment Penalty	\$
Interest	\$
Amount Due	\$
Amount Overpaid	\$
Please send this amount as refund. <input type="checkbox"/>	
Please explain. Request will be reviewed before amount is mailed to address listed in tab 'Business Updates'	
<div style="border: 1px solid black; height: 20px;"></div>	
Portioned to Community Challenge Grant Program, aka SF Neighborhood Beautification Fund, (1% of tax)	\$
Please do not designate this amount even though I understand it does NOT increase my tax liability. <input type="checkbox"/>	



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Business Updates

Email (will only be used by our office)	
Phone Number	
Mailing Name	
Mailing Address Line 1	
Mailing Address Line 2	
City, State, Zip	

- I have reviewed the above contact information and it is correct.
 The above information has the following updates.

Email (will only be used by our office)	
Phone Number	
Mailing Name	
Mailing Address Line 1	
Mailing Address Line 2	
City, State, Zip	

- Check box to close this business registration certificate in San Francisco. By doing so, all addresses listed under "location" tab will also be closed. If you closed all locations but wish to keep this registration active, then do not select this box

Date of Closure	
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Certification

I have taxable business personal property in San Francisco. YES NO

Annual rent paid for entire business in San Francisco (enter zero if you work from home or own your business property) _____

Average number of employees per week, including those employed outside of San Francisco _____

Annual gross receipts from all San Francisco business sources (do not deduct any expenses including payroll) _____

Preparer Statement

I hereby certify under penalty of perjury that I am the authorized representative of this taxpayer and I have examined the foregoing payroll expense 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, 12 and 12-A of the San Francisco Business & Tax Regulations Code. I understand this form constitutes a Request for Financial information pursuant to Section 6.5-1 of the San Francisco Business & Tax Regulations Code. I am required by law to complete this form in its entirety and understand this statement is subject to audit.

Your Initials after reading above statement	
Name	
Title	
Phone Number	
Email	
Company name if different from Ownership	



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Title: Payment Options

Please Note

Payments must be received or postmarked on or before 2/28/2013

Penalties, interest and fees will be imposed after 2/28/2013

Any omission of required data will deem the filing incomplete

Payment Instructions

At the end of this document is a payment coupon. This coupon must accompany your payment when mailed with a check or if you pay in person with cash/check at Room 140 of City Hall.

Electronic payments using a credit card, debit card, or by 'eCheck' can only be made with our partner at Link2Gov by using the "Pay Online" button.

Additional Questions

This information, along with the statement copy has been sent to you email.

If you have further inquiries visit us in Room 140 of City Hall, call us at (415) 554-4400, or send an email to treasurer.taxcollector@sfgov.org.

Be sure to provide your certificate number and the date of filing with your inquiry.



Office of the Treasurer and Tax Collector
 Business Tax -- P.O. Box 7425
 San Francisco, CA 94120-7425

Detach this portion and mail with payment
 Make checks payable to **San Francisco Tax Collector**

Amount Due

Certificate Number

Due Date: **February 28, 2013**

Office of the Treasurer and Tax Collector
 Business Tax Section
 P.O. Box 7425
 San Francisco, CA 94120-7425

Return this stub with payment