

BUSINESS REGISTRATION RENEWAL

SAN FRANCISCO TAX COLLECTOR BUSINESS TAX SECTION P.O. BOX 7425 SAN FRANCISCO, CA 94120-7425

2007 taxable San Francisco payroll was \$66,666.34 or more.

SAN FRANCISCO, CA 94120-7425 TAXPAYER ASSISTANCE: (415) 554-4400 TTY: (415) 554-4455 BUSINESS REGISTRATION RENEWAL FOR 7/1/08 - 6/30/09 DELINQUENT AFTER FEBRUARY 29, 2008

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BUSINESS TAX ID NUMBER	CERTIFICATE NUMBER						TAX YEAR
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DO NOT WRITE IN FRE-FRINTED A	INLAS. USL BLACK INF		re taxable business pe			Yes	
			isco County? See rev the total number of ta		RANCISCO		
			oyees for 2007. ge number of employe	ees per week,	, including	<u></u>	<u> </u>
		those	employed outside SF, usiness partnerships, r	, in 2007.		\vdash	+
		locate	d in San Francisco.	·		+	+++
		(NAIC	your primary IRS Busi		code	$\perp \downarrow \downarrow$	
			Gross Receipts from urces. See reverse.		<u>, </u>		<u> </u>
PLEASE READ INFORMATIO	N ON REVERSE SIDI	G. Contac	ct Number		-		
H. Renewing Your Registra	tion				•		
1: Registration Fee Renewa	al - Pay amount on this	line on or before 2/2	29/08.		\$ _		
2: After 2/29/08, add a regis	tration negligence penalt	y equal to the fee on	Line 1.		\$		
3: After 2/29/08 , add a \$25 adm		registration fee is \$2	5.		\$		三. 一
	Otherwise, add a \$35 administrative fee. 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 pa	ayment to the above	address.		\$	<u> </u>	
☐ 2007 taxable San Francisco pa ☐ 2007 taxable San Francisco pa	•		_	-			
J. Not Renewing Your Regi Business Closed: Closed/So Other Changes: (address ch Information Change" form loc	ld/No longer doing business anges, additional DBA / loca	s in San Francisco Date ation, closing a location					
	of California, I declare under best of my knowledge and b		nave read the forego	oing and that	t it is true,	2	OVER 27269
	seet of my fallottineage and a	o					_
X SIGN HERE		DATE			B111-09		
	PLEASE DO N	NOT TEAR APA	RT HERE				
CERTIFICATE NUMBER		OWNERSHIP NAME			PAYME	NT ENCLO	DSED
NOTE: Payment enclosed must e	ual the amount due or	Line 4 (Please write	vour certificate numbe	er on your ch	neck)		
K. Payroll Tax (Please fill in			-	•	REGISTRA	TION	
O007 touchts Oct Free	······································) I (\$00.00			WAL FOR	IION	
□ 2007 taxable San Franc	cisco payroll was between \$0	<i>)</i> and \$66.66.	7	7/1/08	- 6/30	/09	
□ 2007 taxable San Francisco	cisco payroll was between \$6	66.67 and \$66,666.33.			AID OR P		RKED
			AF	IER FEBI	RUARY 29), 2008	

2007 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 (HEARING IMPAIRED): (415) 554-4455

BUS	SINESS TAX ID NUMBER	CERT	IFICATE NUMBE	ER										T	AX YE	:AR
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	Complete this form only if you															
C	or this is a final statement. Ot	therwis	se, complete	and return	the Business Re	gistra	ation	Rene	ewal o	nly.						
						_	7 =:	04-4-			., .					
									ment: D e, addre				er of	new o	wner	:
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1.	From Schedule C, line 8, colun	nn A	Total PAYR	OLL EXPENS	E	\$		<u>, </u>		,	<u> </u>	<u>, </u>		<u></u> .		
2.	From Schedule C, line 8, colur	mn B	Total EXEM	IPT PAYROLL		\$,				,				
3.	From Schedule C, line 8, colun	nn C	Total Taxable	S.F. Payroll (Sub	stract line 2 from line 1)	\$										
4.	Payroll Tax Calculated (Multiply li	ine 3 by	Payroll Tax rat	te of 1.5% or .	015)	\$										
5.	8109 If line 4 is less than \$1,000	0.00, cor	nplete and retu	urn the Regist	ration Renewal only	unless	claim	ing a	refund	or filir	ng a fir	al sta	atem	nent.		
6.	If line 4 is over \$2,500.00 enter the	he amou	ınt from line 4,	, otherwise, e	nter zero, and com	plete li	nes 7	to 16.	(\$						
6. 7.	If line 4 is over \$2,500.00 enter the Enter calculated Enterprise Zone If none, put zero on line 7.					plete li	nes 7	to 16.	, <u> </u>	\$].[
	Enter calculated Enterprise Zone	Tax Cre	dit AMOUNT a	and ATTACH \	VORKSHEET.		\$			\$].	
7.	Enter calculated Enterprise Zone If none, put zero on line 7.	Tax Cre	dit AMOUNT a	and ATTACH \	VORKSHEET. If line 7 is greater t		\$		ro.) (].[
7.	Enter calculated Enterprise Zone If none, put zero on line 7. Tax Liability after EZ Tax Credit (S	Tax Cre Subtract (Do not	dit AMOUNT a	e 7 from line 6.	VORKSHEET. If line 7 is greater t If none, enter zero.		\$		ro.)	5].[
7. 8. 9.	Enter calculated Enterprise Zone If none, put zero on line 7. Tax Liability after EZ Tax Credit (\$ Enter 2007 PREPAYMENT PAID	Tax Cre Subtract (Do not om line 8	TOTAL of line include Regist 8. If line 9 is la	e 7 from line 6. tration Fees).	VORKSHEET. If line 7 is greater t If none, enter zero. 8, enter zero.)	han lin	\$ e 6, er	ater zer	ro.)	\$ \$].[
7. 8. 9.	Enter calculated Enterprise Zone If none, put zero on line 7. Tax Liability after EZ Tax Credit (\$ Enter 2007 PREPAYMENT PAID Amount due. (Subtract line 9 fro	Tax Cre Subtract (Do not om line 8	TOTAL of line include Regist 8. If line 9 is lated its larger than	e 7 from line 6. tration Fees). arger than line line 8, enter d	VORKSHEET. If line 7 is greater t If none, enter zero. 8, enter zero.) fference.) See insti	han lin	\$ e 6, er	et.	ro.)	5 6 6 7].[
7. 8. 9. 10.	Enter calculated Enterprise Zone If none, put zero on line 7. Tax Liability after EZ Tax Credit (\$ Enter 2007 PREPAYMENT PAID Amount due. (Subtract line 9 fro	Subtract (Do not om line 8 (If line 9 ary 29, 2 oter LAT	TOTAL of line include Regist B. If line 9 is late is larger than 1008, enter LATE PAYMENT I	e 7 from line 6. tration Fees). arger than line line 8, enter d TE FILING PE PENALTY. If I	VORKSHEET. If line 7 is greater t If none, enter zero. 8, enter zero.) fference.) See instru NALTY. See instru Line 4 is greater tha	han lin	\$ e 6, er	et.	ro.)	5 6 6 6 6 6 6 6 6 6 6].[
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7. 8. 9. 10. 11.	Enter calculated Enterprise Zone If none, put zero on line 7. Tax Liability after EZ Tax Credit (\$\frac{1}{2}\$ Enter 2007 PREPAYMENT PAID Amount due. (Subtract line 9 from the filled or postmarked after February 29, 2008, eradditional 20% penalty after 5/31/6	Subtract (Do not om line 8 (If line 9 ary 29, 2 ther LAT 08. See other INTI	TOTAL of line include Regist B. If line 9 is lated is larger than 1008, enter LATE PAYMENT IN the reverse and/of EREST. See in 1000 and 1	e 7 from line 6. tration Fees). arger than line line 8, enter d TE FILING PE PENALTY. If I or instruction boo	If line 7 is greater to If none, enter zero. 8, enter zero.) Ifference.) See instructione 4 is greater that ooklet. If none, enter zero.	han lin	\$ e 6, er	et.	an (5 5 5 5 5].[
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7. 8. 9. 10. 11. 12. 13. 14. 15. 16.	Enter calculated Enterprise Zone If none, put zero on line 7. Tax Liability after EZ Tax Credit (\$\frac{1}{2}\$ Enter 2007 PREPAYMENT PAID Amount due. (Subtract line 9 from the filled or postmarked after February 29, 2008, en additional 20% penalty after 5/31/2011 If paid after February 29, 2008, en additional 20% penalty after 5/31/2011 If paid after February 29, 2008, en additional 20% penalty after 5/31/2011 If paid after February 29, 2008, en additional 20% penalty after 5/31/20% penalty after 5	Subtract (Do not line & (If line 9 ary 29, 2 arter LAT 108. See ary 29, 2 (13,14,15.)	TOTAL of line include Regist 3. If line 9 is larger than 008, enter LATE PAYMENT 18 ereverse and/oEREST. See it 2008, enter AD .) Make check 2008 OR YOU WILL	and ATTACH \ a 7 from line 6. tration Fees). arger than line line 8, enter d TE FILING PE PENALTY. If I or instruction bot MINISTRATIV c payable to Sa	If line 7 is greater to the second of the se	ruction but to the control of the co	se 6, er bookl ooklet 00.00,	et add a	an	5 5 5 5 5 5 5	orrect,	and (com	plete	to th	

PLEASE ATTACH SCHEDULE C TO STATEMENT WHEN FILING



42357	

Payroll Expense **BUSINESS TAX ID**

CERTIFICATE NUMBER

Tax Year

P	PAYROLL TAX	CALCULATIONS		Column A	Column B	Column C
(Locations non-SF = 999)	NAICS Code	No. of taxable SF employees for 2007	Gross Payroll	Exempt Payroll	Taxable Payroll
	DBA			DBA Name and Location Address		
1						
	LOC		•			
	DBA			DBA Name and Location Address		
2						
	LOC					
	DBA			DBA Name and Location Address		
3						
	LOC		, , , , , , , , , , , , , , , , , , ,			
	DBA			DBA Name and Location Address		
4						
	LOC		, , , , , , , , , , , , , , , , , , ,			
5	DBA			DBA Name and Location Address		
١٦						
	LOC		, , , , , , , , , , , , , , , , , , ,			
6	DBA			DBA Name and Location Address		
	LOC		,			
7	DBA			DBA Name and Location Address		
Ι΄						
	LOC		<u> </u>			
8	Totals					

SAN FRANCISCO TAX COLLECTOR **BUSINESS TAX SECTION**

PLEASE DO NOT TEAR APART HERE 2007 LONG FORM

PAYROLL TAX STATEMENT

P.O. BOX 7425 **SAN FRANCISCO, CA 94120-7425**

TAXPAYER ASSISTANCE: (415) 554-4400 TTY (HEARING IMPAIRED): (415) 554-4455

PERIOD COVERED: January 1 - December 31, 2007 DELINQUENT IF PAID OR POSTMARKED AFTER FEBRUARY 29, 2008

CERTIFICATE NUMBER	OWNERSHIP NAME	PAYMENT ENCLOSED
	•	

NOTE: Payment enclosed must equal the amount due on Line 16 of statement. (Please write your certificate number on your check.)

Neighborhood Beautification Fund Designation