

## ALT ACCESS LINE TAX STATEMENT

	BUSINESS AC	COUNT NUMBER	PERIOD COVE	DUE ON OR BEFORE																
1.	Total Charges f	or Prepaid Mobile Telepl	nony Services	\$	,			,				,								
2.		-Taxable Charges	ephony Services (Line 1 minus	\$ Line	,			_ ,				,								
3.	3. 2)		\$		,							,								
4.	by .083)	x Due for Prepaid Mobile	Telephony Services (Multiply Line 3 \$					,				,								
			For Other Than Prepaid Mobile Telephony Services																	
_		SS LINES	TRUNK LINES			HIGH-CAPACITY TRUNK LINES														
5a.	l otal Number of A	ccess Lines Served	<b>5b.</b> Total Number of Trunk Lines Served			<b>5c.</b> Total Number of High-Capacity Trunk Lines S									Ser	vea				
6a.	Exempt Access Li	nes	6b. Exempt Trunk Lines			ic.	Exempt High-Capacity Trunk Lines													
7a.	Total Number of Taxable Access Lines (Subtract 6a from 5a)		<b>7b.</b> Total Number of Taxable Trunk Lines (Subtract 6b from 5b)				7c. Total Number of Taxable High-CapacityTrunk Lines													
	(Subtract of Horrison)		(Subtract ob Holl 30)				(Subtract 6c from 5c)													
8a.	Gross Tax (Multiply		8b. Gross Tax (Multiply 7b I	 bv \$31.24)	8	Bc.	Gro	ss Ta	.⊮ nx (Mu	L Itiply	_ 7c by	<u>∥</u> \$56	<u></u> 2.50)							
\$			\$		\$															
L	Total Gross Tax	for Other Than Prepaid	Mobile Telephony Services (Ad	dd 8a,	1											,				
9.	8b and 8c)			\$	,			_ ,				,								
10A.	Less Amount Exceeding \$83,536.41 Annual Location		nual Cap per Account per Serv	ice \$	,							,								
10B.	Number of Acc	ounts Exceeding \$83,53	6.41 Cap	\$	,			,				,								
11.	Access Line Ta (Line 9 minus 10		epaid Mobile Telephony Servic	ces \$	,							,								
12.	Total Access Li	ine Tax Due (Line 4 plus	Line 11)	\$	,			,				,								
13.	, , ,			\$	,			,				,								
14.	14. Late Payment Penalty: If delinquent, mu to 25%.		ultiply Line 12 by 5% per mont	th up \$	,			١,				,								
15. Interest: Multiply Line 12 by 1% per mont		th if delinquent	\$	,			╗,				,									
16. Administrative Fee: If filed or paid after			r deadline: add \$58.00	\$	,			Π,				,								
17. Total Payment Due: Add line 12 through SF Tax Collector		n line 16. Make check payable	to the																	
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.													ey,							
SIGN HEDE Y DATE																				
SIGN HERE		X	DATE BUSINESS																	
PRINT NAME				TELEPHONE		_														
TITLE				E-MAIL																