

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

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

BUSINESS REGISTRATION RENEWAL FOR 7/1/07 - 6/30/08 **DELINQUENT AFTER FEBRUARY 28, 2007**

CERTIFICATE NUMBER			TAX YEAR
	CERTIFICATE NUMBER	CERTIFICATE NUMBER	CERTIFICATE NUMBER

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DO NOT WRITE IN PRE-PRINTED A	REAS. USE BLACK INK	AND STAY INSIDE BOXES.	PLEASE HAND PRINT. DO	NOT TYPE. DO N	IOT SEND P	HOTOCOP	Υ.
		A Does business	have a burglar alarm?		Yes 🗌	No [
		B. ,Enter the total SAN FRANCIS	number of taxable SCO employees for 2006.				
			ployees that work 35 hours AN FRANCISCO?	or more			
		D. For business p	artnerships, number of equed in San Francisco.	ity			
		E. Fill in your prim	nary IRS Business activity on See instruction booklet.	ode			
		F. 2006 Gross Re SF sources. S	eceipts from				
PLEASE READ INFORMATIO	N ON REVERSE SIDE			-]-[
H. Renewing Your Registra	tion						
1: Registration Fee Renewa	al - Pay amount on this li	ne on or before 2/28/07.		\$			
2: After 2/28/07 , add a re	gistration negligence pena	alty equal to the fee on Line	e 1.	\$		7.	
3: After 2/28/07, add a \$2 Otherwise, add a \$35 a		r registration fee is \$25.		\$			
4: Total Amount Due (add L Collector and return this		e check payable to the Sa ment to the above addres		\$].	
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2006 EZ FORM PAYROLL TAX STATEMENT **DELINQUENT AFTER FEBRUARY 28, 2007** BUSINESS TAX ID NUMBER CERTIFICATE NUMBER TAX YEAR BUSINESS LOCATION 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 \$ Total PAYROLL EXPENSE \$ 2. Total EXEMPT PAYROLL 3. Total Taxable San Francisco Payroll (Subtract line 2 from line 1) \$ 4. Payroll Tax Calculated (Multiply line 3 by Payroll Tax rate of 1.5% or .015) 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. 7. \$ Enter 2006 PREPAYMENT PAID (Do not include Registration Fees). If none, enter zero. 8. Amount due. (Subtract line 7 from line 6. If line 7 is larger than line 6, enter zero). 9. \$ Amount to be refunded to you. (If line 7 is larger than line 6, enter difference). See instruction booklet. \$ 10. If filed or postmarked after February 28, 2007, enter LATE FILING PENALTY. See instruction booklet. \$ If paid after February 28, 2007, enter LATE PAYMENT PENALTY. See reverse and/or instruction booklet. 11. \$ 12. If paid after February 28, 2007, enter INTEREST. See instruction booklet. 13. If filed or postmarked after February 28, 2007, enter ADMINISTRATIVE FEE of \$35.00. 14. TOTAL DUE. (Add Lines 8,10,11,12,13). Make check payable to San Francisco Tax Collector. 8325 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.

DATE X SIGN HERE 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 SAN FRANCISCO, CA 94120-7425

PLEASE DO NOT TEAR APART HERE

2006 EZ

PAYROLL TAX STATEMENT

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

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