

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

BUSINESS LAX ID NUMBER	CERTIFICATE NUMBER					TAX TEA	.K
DO NOT WRITE IN PRE-PRINTED A	REAS. USE BLACK INF	AND STAY INSIDE B	OXES. PLEASE HAND PRI	NT. DO NOT TYPE.	DO NOT SEND	РНОТОСОР	Y.
		A. Does I	ousiness have a burglar alarr	n?	Yes 🗌	No [
			he total number of taxable RANCISCO employees for 2	2006.			
			er of employees that work 35 ek in SAN FRANCISCO?	hours or more			
		D. For bu	siness partnerships, number rs located in San Francisco.	of equity			
		E. Fill in	our primary IRS Business ac code). See instruction boo				
		F. 2006 (Gross Receipts from urces. See reverse.				\exists
PLEASE READ INFORMATIO	N ON REVERSE SIDI	0.0.4		_	_		
H. Renewing Your Registrate	tion						
1: Registration Fee Renewa	l - Pay amount on this	line on or before 2/2	8/07.	\$			_
2: After 2/28/07 , add a re	gistration negligence per	nalty equal to the fee	on Line 1.	\$		-	
3: After 2/28/07 , add a \$2 Otherwise, add a \$35 a	_	ur registration fee is	\$25.	\$ [,	<u> </u>	
4: Total Amount Due (add L Collector and return this				\$ [<u>, </u>].[
☐ 2006 taxable San Francisco pa☐ 2006 taxable San Francisco pa☐							
J. Not Renewing Your Regi Business Closed: Closed/So Other Changes: (address changement of the change)	ld/No longer doing business anges, additional DBA / loca	s in San Francisco Date ation, closing a location					t for
Under the laws of the State correct, and complete to the			ave read the foregoing an	d that it is true,	23	OVE 3276	≅R
X SIGN HERE		DATE		B111-08			
	PLEASE DO	NOT TEAR APA	RT HERE				
BUSINESS TAX ID NUMBER		OWNERSHIP NAME		PAYM	ENT ENCLO	SED	
NOTE: Payment enclosed must e		Lino 4 (Diagramita)	our Rusinoss Tay ID or corti	↓ ificate number on	vour check.)		
K Pavroll Lay (Please till in			our business rax ib or certi		,		
it. Taylon rax (Floase iii iii	qual the amount due or only one box ■ her		BUSIN	ESS REGISTR	ATION		
, ,		e)	BUSIN		ATION R		
□ 2006 taxable San Franc	only one box ■ her	e) and \$66.66.	BUSIN 7/1/ DELINQUENT	ESS REGISTR RENEWAL FOR 07 - 6/3	ATION R 0/08 POSTMAR	RKED	

2006 LONG **FORM**

PAYROLL TAX STATEMENT

SAN FRANCISCO TAX COLLECTOR **BUSINESS TAX SECTION**

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

DELINQUENT AFTER FEBRUARY 28, 2007



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

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BUSINESS TAX ID NUMBER	CERTIFICATE NUMBER		TAX YEA

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 S	tateme	nt: Da	te closed	d/sold			
				If sold,	name,	addres	s, and p	hone num	nber of	new ow	ner:
				()						
				CONT	TACT N	JMBER					
] -		<u> </u>			
1.	From Schedule C, line 8, column A	Total PAYROLL EXPENSE	\$,	,			
2.	From Schedule C, line 8, column B	Total EXEMPT PAYROLL	\$,			
3.	From Schedule C, line 8, column C	Total Taxable S.F. Payroll (Subtract line 2 fr	om 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, con	nplete and return the Registration Rene	wal only unless	claimir	ng a re	fund	or filing	a final s	staten	nent.	
6.	If line 4 is over \$2,500.00 enter the amou	nt from line 4, otherwise, enter zero, a	and complete line	es 7 to	16.	\$					
7.	Enter calculated Enterprise Zone Tax Cred If none, put zero on line 7.	dit AMOUNT and ATTACH WORKSHE	ΞT.	\$[Ι,		<u>, </u>		
				· <u>L</u>	er zero.	\$	<u> </u>		<u>, </u>		
8.	If none, put zero on line 7.	TOTAL of line 7 from line 6. If line 7 is	greater than line	· <u>L</u>	er zero.	\$,		
8. 9.	If none, put zero on line 7. Tax Liability after EZ Tax Credit (Subtract	TOTAL of line 7 from line 6. If line 7 is include Registration Fees). If none, en	greater than line	· <u>L</u>	er zero.	-	1		<u>, </u>	<u> </u>	
8. 9. 10.	If none, put zero on line 7. Tax Liability after EZ Tax Credit (Subtract Enter 2006 PREPAYMENT PAID (Do not	TOTAL of line 7 from line 6. If line 7 is include Registration Fees). If none, ends. If line 9 is larger than line 8, enter zero.	greater than line er zero. ro.)	6, ente		\$			<u>, </u>		
8. 9. 10.	If none, put zero on line 7. Tax Liability after EZ Tax Credit (Subtract Enter 2006 PREPAYMENT PAID (Do not Amount due. (Subtract line 9 from line 8)	TOTAL of line 7 from line 6. If line 7 is include Registration Fees). If none, ends. If line 9 is larger than line 8, enter zero is larger than line 8, enter difference.)	greater than line er zero. ro.) See instruction b	6, ente		\$			<u>, </u>		
7. 8. 9. 10. 11.	If none, put zero on line 7. Tax Liability after EZ Tax Credit (Subtract Enter 2006 PREPAYMENT PAID (Do not Amount due. (Subtract line 9 from line 8 Amount to be refunded to you. (If line 9	TOTAL of line 7 from line 6. If line 7 is include Registration Fees). If none, ends. If line 9 is larger than line 8, enter zero, is larger than line 8, enter difference.)	greater than line er zero. ro.) See instruction be	e 6, ente		\$ \$ \$		<u> </u>	<u>, </u>		
8. 9. 10. 11.	If none, put zero on line 7. Tax Liability after EZ Tax Credit (Subtract Enter 2006 PREPAYMENT PAID (Do not Amount due. (Subtract line 9 from line 8 Amount to be refunded to you. (If line 9 If filed or postmarked after February 28, 26	TOTAL of line 7 from line 6. If line 7 is a include Registration Fees). If none, ends. If line 9 is larger than line 8, enter zero, is larger than line 8, enter difference.) OO7, enter LATE FILING PENALTY. See PAYMENT PENALTY. See reverse a	greater than line er zero. ro.) See instruction be	e 6, ente		\$ \$ \$			<u>, </u>		
8. 9. 10. 11.	If none, put zero on line 7. Tax Liability after EZ Tax Credit (Subtract Enter 2006 PREPAYMENT PAID (Do not Amount due. (Subtract line 9 from line 8 Amount to be refunded to you. (If line 9 If filed or postmarked after February 28, 2007, enter LATI If paid after February 28, 2007, enter INTE	TOTAL of line 7 from line 6. If line 7 is include Registration Fees). If none, ends. If line 9 is larger than line 8, enter zero, is larger than line 8, enter difference.) Solution of the series of	greater than line er zero. ro.) See instruction be e instruction bo nd/or instructior	e 6, ente		\$ \$ \$,		
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THIS STATEMENT MUST BE FILED BY FEBRUARY 28, 2007 OR YOU WILL BE SUBJECT TO FEES, PENALTIES, AND/OR INTEREST.

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.

X SIGN HERE DATE

Prepare only one STATEMENT (Long Form) even if you attach multiple Schedule Cs

B106-06

PLEASE ATTACH SCHEDULE C TO STATEMENT WHEN FILING





		P	
588	340		

Payroll Expense
BUSINESS TAX ID

SCHEDULE C

CERTIFICATE NUMBER

Tax Year

_ F	PAYROLL TAX			Column A	Column B	Column C
	Locations (non-SF = 999)	NAICS Code	No. of taxable SF employees for 2006	Gross Payroll	Exempt Payroll	Taxable Payroll
				DBA Name and Location Address		
1 1	DBA					
'			│ └── 			
	LOC			<u> </u>		
				DBA Name and Location Address	•	
2	DBA					
1 -						
	LOC		,			
				DBA Name and Location Address		
	DBA			DBA Name and Location Address		
3						
	LOC					
					<u> </u>	
Ι.	DBA			DBA Name and Location Address		
4						
	LOC					
				<u> </u>	<u> </u>	
5	DBA			DBA Name and Location Address		
٦	DBA					
	LOC					
				<u> </u>		
				DBA Name and Location Address	,	
6	DBA			22. Clarifo di la Ecodifori / Idarioso		
	LOC		,			
7	DBA		<u> </u>	DBA Name and Location Address		
	LOC					
				<u> </u>	<u> </u>	
8	Total					
١	Iotai					

SAN FRANCISCO TAX COLLECTOR BUSINESS TAX SECTION

PLEASE DO NOT TEAR APART HERE

2006 LONG FORM

PAYROLL TAX STATEMENT

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

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 16 of

(Please write your Business Tax ID or certificate number on your check.)

□ Neighborhood Beautification Fund Designation