

Payroll Expense

# SCHEDULE C

BUSINESS TAX ID

CERTIFICATE NUMBER

Tax Year

61212

## PAYROLL TAX CALCULATIONS

Column A

Column B

Column C

Locations (non-SF = 999)	NAICS Code	No. employees as of 12/31/03	Gross Payroll	Exempt Payroll	Taxable Payroll
1 DBA <input type="text"/> LOC <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address <input type="text"/>	<input type="text"/>	<input type="text"/>
2 DBA <input type="text"/> LOC <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address <input type="text"/>	<input type="text"/>	<input type="text"/>
3 DBA <input type="text"/> LOC <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address <input type="text"/>	<input type="text"/>	<input type="text"/>
4 DBA <input type="text"/> LOC <input type="text"/>	<input type="text"/>	<input type="text"/>	DBA Name and Location Address <input type="text"/>	<input type="text"/>	<input type="text"/>
5 <b>Totals</b>					

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

**PLEASE DO NOT TEAR APART HERE**

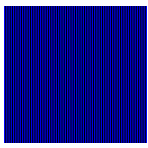
**2003 LONG FORM**  
**PAYROLL TAX STATEMENT**

PERIOD COVERED: January 1 - December 31, 2003 **DELINQUENT IF PAID OR POSTMARKED AFTER FEBRUARY 29, 2004**

BUSINESS TAX ID NUMBER	OWNERSHIP NAME	PAYMENT ENCLOSED
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Payment enclosed must equal the amount stated on Line 16 of statement. (Please write your Business Tax ID or certificate number on your check.)

- Check this box if Line 4 on page 1 is less than \$1.
- Check this box if Line 4 on page 1 is \$1 or more and less than \$500.

**BUSINESS REGISTRATION**

SAN FRANCISCO TAX COLLECTOR  
 BUSINESS TAX SECTION  
 P.O. BOX 7423  
 SAN FRANCISCO, CA 94120-7423  
 TAXPAYER ASSISTANCE: (415) 554-4400 TTY: (415) 554-4455

Online Filing:  
 www.services.sfgov.org

**BUSINESS REGISTRATION  
 RENEWAL FOR**

**7/1/04 - 6/30/05**

**DELINQUENT AFTER:  
 FEBRUARY 29, 2004**

BUSINESS TAX ID NUMBER	CERTIFICATE NUMBER	TAX YEAR
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**DO NOT WRITE IN PRE-PRINTED AREAS. USE BLACK INK AND STAY INSIDE BOXES. PLEASE HAND PRINT. DO NOT TYPE. DO NOT SEND PHOTOCOPY.**

A. Business Closed  Date Closed \_\_\_\_\_

B. Neighborhood Beautification Fund Designation

C. Does business have a burglar alarm? Yes  No

D. Enter the total number of SAN FRANCISCO employees as of December 31, 2003. 

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E. Number that work 35 hours or more per week in SAN FRANCISCO? 

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F. Number of SAN FRANCISCO business Partners? (if ZERO, leave blank) 

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G. Fill in your IRS Business activity code (NAICS code). See instructions. 

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H. BUSINESS TELEPHONE NUMBER 

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**PLEASE READ INFORMATION ON REVERSE SIDE**

**A. Renewing Your Registration:**

Line 1: Registration Fee (see reverse side for fee schedule). <b>If paid by 2/29/04, go to Line 6 or if paid after 2/29/04, go to Line 2</b>	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Line 2: Add a Registration negligence penalty equal to the fee on Line 1.	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Line 3: Add a \$25 administrative fee if your registration fee is \$25. Otherwise, add a \$35 administrative fee.	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Line 4: Add a \$100 Payroll Tax late filing penalty.	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Line 5: Add a \$35 administrative fee for late filing of your Payroll Tax information.	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Line 6: Total Amount Due (add Lines 1, 2, 3, 4, and 5 above). Make check payable to the SF Tax Collector and return this signed statement with payment to the above address by February 29, 2004 to avoid additional penalties.	\$	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

**B. Not Renewing Your Registration / Any Other Business Changes**

For any changes to your business, such as, address changes, additional DBA / location, closing of business, please complete and return the "Request for Information" Change Form.

**C. Please sign below and mail this statement with payment to the above address by February 29, 2004:**

- Check this box if you have no employees in San Francisco
- Check this box if you have payroll between \$66.67 and \$33,333.34

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.

55486



**X SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

B111-05

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 BUSINESS TAX SECTION  
 P.O. BOX 7423  
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MAKE CHECK PAYABLE TO: SAN FRANCISCO TAX COLLECTOR

**BUSINESS REGISTRATION  
 RENEWAL FOR**

**7/1/04 - 6/30/05**

**PERIOD COVERED: July 1, 2004 - June 30, 2005 DELINQUENT IF PAID OR POSTMARKED AFTER FEBRUARY 29, 2004**

<b>BUSINESS TAX ID NUMBER</b>	<b>OWNERSHIP NAME</b>	<b>PAYMENT ENCLOSED</b>

NOTE: Payment enclosed must equal the amount stated on Line 6. (Please write your Business Tax ID on your check.) OVER