2001

LONG FORM

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

TELEPHONE: (415) 554-4400

DELINQUENT AFTER FEBRUARY 28, 2002



BUSINESS TAX ID NUMBER

CERTIFICATE NUMBER

TAX YEAR 2001

	200	/T								
DO	NOT WRITE IN PRE-PRINTED AREAS. USE BLACK INK AND STAY INSIDE BOXES. PLEASE HAND PRINT. DO NOT TYPE. DO NOT SEND PHOTOCO	PY.								
	A. Final Statement for Closed Business									
	B. Neighborhood Beautification Fund Designation									
	C. Enter the total number of SAN FRANCISCO employees as of December 31, 2001.									
	D. Number that work 35 hours or more per week?									
	E. Number of SAN FRANCISCO partners?	\pm								
	(If ZERO, leave blank) F. Fill in your IRS business activity code									
	(NAICS code). See instructions.	Ш								
	G. BUSINESS TELEPHONE NUMBER									
1.	From Schedule C, line 4, column A Total PAYROLL EXPENSE \$									
2.	From Schedule C, line 4, column B Total EXEMPT PAYROLL \$	$\overline{\Box}$								
3.	From Schedule C, line 4, column C Total Taxable Payroll (Subtract line 2 from line 1)									
4.	From Schedule C, line 4, column D Payroll Tax Calculated (1.5% times line 3)	$\overline{\square}$								
5.	If Line 4 is less than \$500, complete and return the Payroll Tax Filing Exemption Declaration located at the bottom of Schedule C on page 2. See instructions.									
6.	Enter calculated Summer Youth or New Jobs TAX CREDIT AMOUNTS and ATTACH WORKSHEETS. If none, put zero as line 6 total.									
	Summer Youth New Jobs ENTER TAX CREDITS \$ TOTAL (SY+NJ):									
7.	Subtract TOTAL of line 6 from line 4. If Line 6 is greater than Line 4, enter zero.									
8.	If Line 7 is over \$2,500.00 enter the amount from Line 7, otherwise enter zero.									
9.	Enter calculated Enterprise Zone or Garment Mfrs. TAX CREDIT AMOUNTS and ATTACH WORKSHEETS. If none, put zero as line 9 total.									
-	### Enterprise Zone Sarment Mfrs. ENTER TAX CREDITS									
10.	Tax Liability after EZ and GM Tax Credits (Subtract TOTAL of line 9 from line 8. If line 9 is greater than line 8, enter zero.)									
11.	Enter 2001 PREPAYMENT PAID (Do not include Registration Fees). If none, enter zero.									
12.	Amount you owe. (Subtract line 11 from line 10. If line 11 is larger than line 10, enter zero).									
13.	Amount to be refunded to you. (If line 11 is larger than line 10, enter difference). See instructions.									
14.	LATE FILING PENALTY. If filed or postmarked after February 28, 2002, enter penalty amount. See instructions.									
15.	LATE PAYMENT PENALTY. If paid after February 28, 2002, enter late payment penalty. See instructions.									
16.	INTEREST. If paid after February 28, 2002, enter interest. See instructions.									
17.	TOTAL AMOUNT YOU OWE. (Add Lines 12,14,15,16). Make check payable to the San Francisco Tax Collector.									
THIS STATEMENT MUST BE FILED BY FEBRUARY 28, 2002 OR YOU WILL BE SUBJECT TO PENALTIES AND INTEREST. IF YOUR CALCULATED PAYROLL TAX IS LESS THAN \$500,										
	PLEASE USE THE PAYROLL TAX FILING EXEMPTION DECLARATION LOCATED AT THE BOTTOM OF SCHEDULE C ON PAGE 2. Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.									
	SIGN HEDE X									

Do NOT prepare more than one STATEMENT (Long Form) even if you attach multiple Schedule Cs PLEASE ATTACH SCHEDULE C TO STATEMENT WHEN FILING



B106-01

L		BUSINESS TAX	ID	CERTIFICATE NUMBER		Tax Year			
43556									
PA	YROLL TAX C	CALCULATIONS	Column C		Column D				
(r	Locations non-SF = 999)	No. employees as of 12/31/01	Gross Payroll	Exempt F	Payroll	Taxable Payroll	Tax Rate	Tax Due	
1	DBA		DBA Name and Location Address						
Ľ	LOC	<u> </u>							
2	DBA		DBA Name and Location Address						
	LOC				,				
 3	DBA		DBA Name and Location Address						
	LOC				-				
4	Totals						1.5%		

CERTIFICATE

SAN FRANCISCO TAX COLLECTOR

Payroll Expense

PLEASE DO NOT TEAR APART HERE

2001 LONG FORM

PAYROLL TAX STATEMENT

BUSINESS TAX SECTION P.O. BOX 7425 **SAN FRANCISCO, CA 94120-7425 TELEPHONE: (415) 554-4400**

DELINQUENT IF PAID OR POSTMARKED AFTER FEBRUARY 28, 2002 PERIOD COVERED: January 1 - December 31, 2001 **BUSINESS TAX ID NUMBER OWNERSHIP NAME** PAYMENT ENCLOSED

NOTE: Payment enclosed must equal the amount stated on Line 17 of statement. (Please write your Business Tax ID on your check.)

PAYROLL TAX FILING EXEMPTION DECLARATION for taxpayers with a calculated payroll tax of less than \$50 PERIOD COVERED: January 1 - December 31, 2001 **DELINQUENT IF FILED OR POSTMARKED AFTER FEBRUARY 28, 2002** BUSINESS TAX ID NUMBER CERTIFICATE NUMBER CLASS PBC **BUSINESS LOCATION** TAX YEAR IMPORTANT: If you are filing by February 28, 2002 and your calculated Payroll Tax is less than \$500, complete and return this bottom portion only. If you are filing after February 28, 2002, you must pay a late filing penalty of \$100. Please make check payable to the San Francisco Tax Collector. Please check any of the following that apply: J. Fill in your IRS business activity code H. Final Statement for Closed Business. (NAICS code). See instructions. Date business closed: I. My Payroll Expense for Year 2001: Less than \$66.67 between \$66.67 and \$33,333.34 Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and complete.

_____ DATE _____

SIGN HERE X

MUST TEAR OFF THIS BOTTOM STUB BEFORE FILING