2000 EZ

BUSINESS PAYROLL EXPENSE 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, 2001

BUSINESS TAX ID NUMBER	CERTIFICATE	CLASS	PBC	BUSINESS LOCATION	TAX YEAR
					2000

DO NOT WRITE IN PRE-PRINTED AREAS ABOVE. USE BLACK INK AND STAY INSIDE BOXES BELOW.

PLEASE HAND PRINT. DO NOT TYPE. DO NOT SEND PHOTOCOPY.

○ Final Statement for closed business

○ Neighborhood Beautification Fund Designation

Enter the NUMBER of your EMPLOYEES as of DECEMBER 31, 2000 (If ZERO, leave blank)

BUSINESS TELEPHONE NUMBER

1.	**Total GROSS RECEIPTS**	$ 0.00
2.	**Total EXEMPT RECEIPTS**	$ 0.00
3.	Total Taxable Gross Receipts (Subtract line 2 from line 1)	$
4.	Tax Rate / $1000 (See Business Tax Rates Table on *reverse side*)	00
5.	Gross Receipts Tax Calculated (Multiply tax rate in Line 4 for every $1000 or fraction thereof in Line 3.)	$ 0.00
6.	**Total PAYROLL EXPENSE**	$
7.	**Total EXEMPT PAYROLL**	$
8.	Total Taxable Payroll (Subtract line 7 from line 6)	$
9.	Payroll Tax Calculated (Multiply line 8 by Payroll tax rate of **1.5%**)	$
10.	Enter the GREATER of line 5 or line 9.	$
11.	If Line 10 is over $2,500.00 enter the amount from Line 10; **OTHERWISE, Enter ZERO**	$
12.	Enter the amount from line 10 if you are filing after February 28, 2001.	$
13.	**Tax Due** (Enter the larger amount from Lines 11 or 12.)	$
14.	Business Tax Special Credit for 2000. See Instructions.	$
15.	Tax Due after Credit. (Subtract line 14 from line 13. If line 14 greater than line 13, enter zero.)	$
16.	Enter 2000 PREPAYMENT PAID (Do not include Registration Fees). If none, enter zero	$
17.	**Tax Balance Due** (Subtract line 16 from line 15; If line 16 is larger than line 15, enter zero)	$
18.	OVERPAYMENT (If line 16 is larger than line 15, enter difference:) See instructions.	$
19.	IF paid or postmarked after **February 28, 2001,** **Enter** LATE FILING **PENALTY. See instructions.**	$
20.	IF paid or postmarked after **February 28, 2001,** **Enter NEGLIGENCE PENALTY. See instructions.**	$
21.	IF paid or postmarked after **February 28, 2001,** **Enter INTEREST -** 1% per month of Line 17.	$
22.	**TOTAL AMOUNT DUE** (Add Lines **17,19,20,21**). Make check payable to the **San Francisco Tax Collector**.	$

THIS STATEMENT MUST BE FILED BY FEBRUARY 28, 2001 EVEN IF NO TAX IS DUE OR YOU WILL BE SUBJECT TO PENALTIES AND LOSS OF TAX EXEMPTION.

I declare, under penalty of perjury, that I have examined this statement and that this information is true and complete

14405

SIGN HERE X _____ DATE _____

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