

TITLE



ACCESS LINE TAX STATEMENT

Business Tax Section P.O. BOX 7425 San Francisco, CA 94120-7425 Telephone: 311 (within San Franciso only) or 415-701-2311 www.sftreasurer.org

CITY & COUNTY OF SAN FRANCISCO – OFFICE OF THE TREASURER & TAX COLLECTOR

	·	·	OGOSTINE, TAX COLLECTOR				Dup 21: 22 2222						
	BUSINESS ACCOUNT NUMBER	PERIOD COVE	PERIOD COVERED				DUE ON OR BEFORE						
1.	Total Charges for Prepaid Mobile Telephony Se	rvices	\$,	,		,						
2.	Exempt or Non-Taxable Charges		\$,	<u> </u>		,		_ .				
3.	Taxable Charges for Prepaid Mobile Telephony	Services (Line 1 minus Line 2)	\$,	<u> </u>		,						
4.	Access Line Tax Due for Prepaid Mobile Telephony Services (Multiply Line 3 by .076) \$, , , .												
For Other Than Prepaid Mobile Telephony Services													
5a.	ACCESS LINES Total Number of Access Lines Served					HIGH-CAPACITY TRUNK LINES Total Number of High-Capacity Trunk Lines Served							
Ja.	Total Number of Access Lines Served	Access Lines Served July Total Number of Trulk Lines Served				ei oi riigii-Capai			7				
6a.	Exempt Access Lines	6b. Exempt Trunk Lines		6c.	Exempt High	n-Capacity Trun	k Lines						
7a.	Total Number of Taxable Access Lines (Subtract 6a from 5a)	7b. Total Number of Taxable Trunk Lines (Subtract 6b from 5b)		7c.	Total Number	er of Taxable High	gh-Capacity	yTrunk Li	nes				
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8a.							36.32)		$\neg \vdash$	٦			
\$		\$		\$						<u> </u>			
9.	Total Gross Tax for Other Than Prepaid Mobile	Telephony Services (Add 8a, 8b and 8c)	\$,			<u> </u>						
10A.	Less Amount Exceeding \$79,476.52 Annual Ca	p per Account per Service Location	\$,] ,			Ш			
10B. 11.	Number of Accounts Exceeding \$79,476.52 Cap Access Line Tax Due for Other Than Prepaid M		\$,	, ,		ļ , <u> </u>		╣.	\vdash			
	10A)	((\$, _	, ,		 ,		_ .				
12.	Total Access Line Tax Due (Line 4 plus Line 11)		\$,	,		,		_ .	Ш			
13.	Late Filing Penalty: Add \$100.00 if delinquent	40 km 50/ man man the con to 050/	\$,	,		,		_ .	\sqcup			
14.	Late Payment Penalty: If delinquent, multiply Lir	ne 12 by 5% per month up to 25%.	\$,									
15.	Interest: Multiply Line 12 by 1% per month if del	inquent	\$,	,] ,		<u> </u>				
16. 17.	Administrative Fee: If filed or paid after: add \$55 Total Payment Due: Add line 12 through line 16		\$,	, ,		,		<u></u> .	$\vdash \vdash$			
	Collector		\$,	,		,						
I certify under penalty of perjury that I am the operator (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with the authority to bind the operator), or an agent of the operator authorized to sign this form on behalf of the operator pursuant to a validly executed Power of Attorney, and I have examined the foregoing Access Line Tax Statement including any accompanying schedules or worksheets, and the information thereon is, to the best of my knowledge and belief, true and correct, and fully compliant with all the requirements provided in Articles 6 and 10B of the San Francisco Business and Tax Regulations Code and Part 21.1 (commencing with Section 42100) of the California Revenue and Taxation Code. I acknowledge that I am providing information in response to a request for financial information pursuant to Section 6.5-1 of the San Francisco Business and Tax Regulations Code. I am required by law to complete this form in its entirety and understand this statement is subject to audit.													
SIGN HERE X DATE													
PRINT	NAME	BUSINESS TELEPHONE											

E-MAIL