**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
------------------------	--------------------	----------

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.

--	--	--	--	--

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

--	--	--	--	--

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

--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--

H. BUSINESS TELEPHONE NUMBER

--	--	--	--

 -

--	--	--	--

 -

--	--	--	--

PLEASE READ INFORMATION ON REVERSE SIDE

A. Renewing Your Registration:

Line 1: Registration Fee (see reverse side for fee schedule). If paid by 2/29/04, go to Line 6 or if paid after 2/29/04, go to Line 2	\$								
Line 2: Add a Registration negligence penalty equal to the fee on Line 1.	\$								
Line 3: Add a \$25 administrative fee if your registration fee is \$25. Otherwise, add a \$35 administrative fee.	\$								
Line 4: Add a \$100 Payroll Tax late filing penalty.	\$								
Line 5: Add a \$35 administrative fee for late filing of your Payroll Tax information.	\$								
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.	\$								

B. Not Renewing Your Registration / Any Other Business Changes

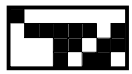
For any changes to your business, such as, address changes, additional DBA / location, closing of business, please complete and return the "Request for Information" Change Form.

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

PLEASE DO NOT TEAR APART HERE

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

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

BUSINESS TAX ID NUMBER	OWNERSHIP NAME	PAYMENT ENCLOSED

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