



BUSINESS REGISTRATION RENEWAL

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

BUSINESS REGISTRATION
RENEWAL FOR

7/1/08 - 6/30/09

**DELINQUENT AFTER
FEBRUARY 29, 2008**

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. Is there taxable business personal property in San Francisco County? See reverse. Yes No
- B. Enter the total number of taxable SAN FRANCISCO employees for 2007.

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- C. Average number of employees per week, including those employed outside SF, in 2007.

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- D. For business partnerships, number of equity partners located in San Francisco.

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- E. Fill in your primary IRS Business activity code (NAICS code). See instruction booklet.

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- F. 2007 Gross Receipts from SF sources. See reverse.

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- G. Contact Number

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PLEASE READ INFORMATION ON REVERSE SIDE

H. Renewing Your Registration

1: Registration Fee Renewal - **Pay amount on this line on or before 2/29/08.** \$ _____

2: **After 2/29/08**, add a registration negligence penalty equal to the fee on Line 1. \$

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3: **After 2/29/08**, add a \$25 administrative fee if your registration fee is \$25. Otherwise, add a \$35 administrative fee. \$

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4: Total Amount Due (add Lines 1, 2, 3 above). Make check payable to the **San Francisco Tax Collector** and return this signed statement with payment to the above address. \$

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I. Payroll Tax (Please fill in only one box ■ here and at the bottom on line K):

2007 taxable San Francisco payroll was between \$0 and \$66.66. **Please sign and return only this renewal form with payment.**

2007 taxable San Francisco payroll was between \$66.67 and \$66,666.33. **Please sign and return only this renewal form with payment.**

2007 taxable San Francisco payroll was \$66,666.34 or more. **Complete both Payroll Tax & Registration forms and return with payment.**

J. Not Renewing Your Registration / Other Changes:

Business Closed: Closed/Sold/No longer doing business in San Francisco Date: _____ You must file a final tax statement.

Other Changes: (address changes, additional DBA / location, closing a location, new ownership information) complete and return the "Request for Information Change" form located in the instruction booklet.

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. OVER
27269

X SIGN HERE _____ **DATE** _____ B111-09

PLEASE DO NOT TEAR APART HERE

CERTIFICATE NUMBER	OWNERSHIP NAME	PAYMENT ENCLOSED

NOTE: Payment enclosed must equal the amount due on Line 4. (Please write your certificate number on your check.)

- K. Payroll Tax (Please fill in only one box ■ here)**
- 2007 taxable San Francisco payroll was between \$0 and \$66.66.
 - 2007 taxable San Francisco payroll was between \$66.67 and \$66,666.33.
 - 2007 taxable San Francisco payroll was \$66,666.34 or more.

**BUSINESS REGISTRATION
RENEWAL FOR
7/1/08 - 6/30/09
DELINQUENT IF PAID OR POSTMARKED
AFTER FEBRUARY 29, 2008**

2007

LONG FORM

PAYROLL TAX STATEMENT

SAN FRANCISCO TAX COLLECTOR
BUSINESS TAX SECTION
P.O. BOX 7425
SAN FRANCISCO, CA 94120-7425
TAXPAYER ASSISTANCE: (415) 554-4400 TTY (HEARING IMPAIRED): (415) 554-4455

DELINQUENT AFTER FEBRUARY 29, 2008



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.

Complete this form only if your 2007 taxable San Francisco payroll was \$66,666.34 or more, or you are claiming a refund, or this is a final statement. Otherwise, complete and return the Business Registration Renewal only.

Final Statement: Date closed/sold

If sold, name, address, and phone number of new owner:

Blank lines for name, address, and phone number.

CONTACT NUMBER

Contact number input boxes

Table with 16 rows for payroll tax calculation, including Total PAYROLL EXPENSE, Total EXEMPT PAYROLL, Tax Liability after EZ Tax Credit, and TOTAL DUE.

THIS STATEMENT MUST BE FILED BY FEBRUARY 29, 2008 OR YOU WILL BE SUBJECT TO FEES, PENALTIES, AND/OR INTEREST.

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.

X SIGN HERE DATE

Prepare only one STATEMENT (Long Form) even if you attach multiple Schedule Cs

B106-07

PLEASE ATTACH SCHEDULE C TO STATEMENT WHEN FILING

24938





Payroll Expense

SCHEDULE C

BUSINESS TAX ID

CERTIFICATE NUMBER

Tax Year

42357

PAYROLL TAX CALCULATIONS

Column A

Column B

Column C

Locations (non-SF = 999)		NAICS Code	No. of taxable SF employees for 2007	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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>
5	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"/>	<input type="text"/>
6	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"/>	<input type="text"/>
7	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"/>	<input type="text"/>
8	Totals					

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2007 LONG FORM
PAYROLL TAX STATEMENT

PERIOD COVERED: January 1 - December 31, 2007 **DELINQUENT IF PAID OR POSTMARKED AFTER FEBRUARY 29, 2008**

CERTIFICATE NUMBER	OWNERSHIP NAME	PAYMENT ENCLOSED
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Payment enclosed must equal the amount due on Line 16 of statement. (Please write your certificate number on your check.)

Neighborhood Beautification Fund Designation