



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 JOSÉ CISNEROS, TREASURER DAVID AUGUSTINE, TAX COLLECTOR

BUSINESS ACCOUNT NUMBER	PERIOD COVERED	DUE ON OR BEFORE							

1.	Total Charges for Prepaid Mobile Telephony Services								\$,			,				,						
2.	Exempt or Non-Taxable Charges \$,			,				,								
3.	Taxable Charges for Prepaid Mobile Telephony Services (Line 1 minus Line 2)									,			,				,									
4.	Access Line Tax Due for	Prepaid Mobile Telep	hony S	ervices	s (Multip	ply Lin	e 3 by	.070)	\$,			,				,						
	For Other Than Prepaid Mobile Telephony Services																									
	ACCESS LINES TRUNK LINES										HIGH-CAPACITY TRUNK LINES															
5a.	Total Number of Access Lines	of Access Lines Served 5b . Total Number of Trunk Lines Served										5c.		Total	Num	ber of	f High-	Capac	ity Tr	unk Li	ines S	erved				
6a.	Exempt Access Lines		6b.		Exempt 1	Trunk Li	nes					6c. Exempt High-Capacity Trunk Lines														
]										
7a.	Total Number of Taxable Acces	of Taxable Access Lines 7b. Total Number of Taxable Trunk Line							es				7c.					f Taxal	ole Hig	h-Ca	pacity	Trunk	Lines			
	(Subtract 6a from 5a)				(Subtract	t 6b from	n 5b)								(Sub	ract 6	Sc fro	m 5c) □ □								
8a.	Gross Tax (Multiply 7a by \$3.6	4)	8b. Gross Tax (Multiply 7b by \$27.35)									8c.		Gros	s Tax	(Mult	tiply 7c	by \$4	92.32	2)						
\$			\$, .								\$]. [
L										Т															-	[
9.	Total Gross Tax for Other Than Prepaid Mobile Telephony Services (Add 8a, 8b and 8c) \$,			,				,						L		
10A.	A. Less Amount Exceeding \$72,956.19 Annual Cap per Account per Service Location \$,			,				,								
10B.	Number of Accounts Exc	eeding \$72,956.19 C	ар						\$,			,				,						ł
11.																										
	10A) \$,		_	,				,	\square			·		<u> </u>		
12.	Total Access Line Tax D	ue (Line 4 plus Line 1	1)						\$,			,				,						
13.	13. Late Filing Penalty: Add \$100.00 if delinquent							\$																	l	
14.									Í			Ť			1	,										
	an additional 20% on the first day of the 4th month \$,			,				,						l			
15																										
										,			,				,				•					
	16. Administrative Fee: If filed or paid after: add \$55.00 \$ 17. Total Payment Due: Add line 12 through line 16. Make check payable to the SF Tax									_	,	_		,				,	\vdash	┢──┦		·				
	Collector		IO. Iviar	Ke chec	л рауа			Tax	\$																	ł
l certif	y under penalty of perjury	that I am the operato	r (incluc	ding an	officer	, gene	ral par	tner, me	ember	m	anage	er, (, exec	utor,	trust	ee, f	iduc	iary, d	or oth	ner i	ndivi	idual	with	the	9	
	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											ve														
	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											5															
statem	nent is subject to audit.																									
SIGN I	SIGN HERE X					DATE																				
PRINT NAME				BUSI	BUSINESS TELEPHONE																					
TITLE	TITLE E-M/							E-MA	IL																	