ALT ACCESS LINE TAX STATEMENT

CITY & COUNTY OF SAN FRANCISCO – OFFICE OF THE TREASURER & TAX COLLECTOR
JOSÉ CISNEROS, TREASURER DAVID AUGUSTINE, TAX COLLECTOR

Business Tax Section
P.O. BOX 7425
San Francisco, CA 94120-7425
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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 Telephony Services (Multiply Line 3 by .070)	$

For Other Than Prepaid Mobile Telephony Services

ACCESS LINES	TRUNK LINES	HIGH-CAPACITY TRUNK LINES
5a. Total Number of Access Lines Served	5b. Total Number of Trunk Lines Served	5c. Total Number of High-Capacity Trunk Lines Served
6a. Exempt Access Lines	6b. Exempt Trunk Lines	6c. Exempt High-Capacity Trunk 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 of Taxable High-CapacityTrunk Lines (Subtract 6c from 5c)
8a. Gross Tax (Multiply 7a by $3.80) $	8b. Gross Tax (Multiply 7b by $28.58) $	8c. Gross Tax (Multiply 7c by $514.49) $

9.	Total Gross Tax for Other Than Prepaid Mobile Telephony Services (Add 8a, 8b and 8c)	$
10A.	Less Amount Exceeding $76,240.89 Annual Cap per Account per Service Location	$
10B.	Number of Accounts Exceeding $76,240.89 Cap	$
11.	Access Line Tax Due for Other Than Prepaid Mobile Telephony Services (Line 9 minus 10A)	$
12.	Total Access Line Tax Due (Line 4 plus Line 11)	$
13.	Late Filing Penalty: Add $100.00 if delinquent	$
14.	Late Payment Penalty: If delinquent, multiply Line 12 by 5% per month up to 20%, plus an additional 20% on the first day of the 4th month	$
15.	Interest: Multiply Line 12 by 1% per month if delinquent	$
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 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** _____

TITLE _____ **E-MAIL** _____