

ALT ACCESS LINE TAX STATEMENT

	BUSINESS AC	CCOUNT NUMBER	PERIOD COVE	DUE ON OR BEFORE																		
										555555555555555555555555555555555555555												
1.	Total Charges f	or Prepaid Mobile Teleph	nony Services	\$,			,				,										
2.		-Taxable Charges es for Prepaid Mobile Tel	ephony Services (Line 1 minus Line					_ ,				,				٠						
3.	2)		\$					_ ,				,				٠						
4.	by .083)	ix bue for Frepaid Mobile	S S					,				,										
	4005	-00 LINEO	For Other Than Prepaid Mobile Telephony Services TRUNK LINES																			
5a.		SS LINES	5b. Total Number of Trunk Lines Served			HIGH-CAPACITY TRUNK LINES 5c. Total Number of High-Capacity Trunk Lines Served																
Juli Juli] [T	7 F				veu					
6a.	Exempt Access Li	nes	6b. Exempt Trunk Lines	6	ic.	Exempt High-Capacity Trunk Lines																
7a.	Total Number of Taxable Access Lines		7b. Total Number of Taxable Trunk Lines				7c. Total Number of Taxable High-CapacityTrunk Lines															
	(Subtract 6a from 5a)		(Subtract 6b from 5b)				(Subtract 6c from 5c)															
8a.	Cross Tay (Multiple		8b. Gross Tax (Multiply 7b I	by \$32.06)	8	ic.	Gro	es Ta	V (MII	ltiply	 7c by	\$57°	7 26)									
\$	Gross Tax (Multiply	y 7a by \$4.26	\$	Dy \$32.00)	\$			155 16	T			ΨΟΙ	7.20)									
	Total Gross Tax	for Other Than Prepaid	Mobile Telephony Services (Ac														_					
9.	8b and 8c) Less Amount E	Exceeding \$85,544.12 Ann	ual Cap per Account per Servi	ce \$,			٠				'				٠						
10A.	Location	5 1 1 1 1 1 1 1 1 1 1		\$,			_ ,				,										
10B.		ounts Exceeding \$85,544	.12 Cap epaid Mobile Telephony Servic	\$,			_ ,				,										
11.	(Line 9 minus 1		epaid Ploblie Telephony Servic	\$,							,										
12.	Total Access L	ine Tax Due (Line 4 plus	Line 11)	\$,			_ ,				,										
13.		alty: Add \$100.00 if delig	nquent ultiply Line 12 by 5% per mont	\$,			_ ,				,				٠						
14.	to 25%.	enaity. II deimquent, in	unipiy Line 12 by 5% per mont	\$,							,										
15. Interest: Multiply Line 12 by 1% per mont			th if delinquent	\$,							,										
16. Administrative Fee: If filed or paid after			\$,			,				,											
17.	Total Payment SF Tax Collecto	_	n line 16. Make check payable	to the \$	١,			١,														
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.													ey,									
SIGN H	ERE	x																				
PRINT NAME				DATE BUSINESS TELEPHONE																		
TITLE				E-MAIL																		
				_																		