

2008
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, www.sfgov.org/tax

DELINQUENT
AFTER MARCH 2, 2009



CERTIFICATE NUMBER		TAX YEAR
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DO NOT WRITE IN PRE-PRINTED AREAS. USE BLACK INK AND STAY INSIDE BOXES.

Final Statement: Date closed/sold (mm/dd/yyyy)

/ /

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

() _____

Contact Number

- -

Complete this form if your 2008 taxable SF payroll was \$66,666.34 or more, or you are claiming the EZ tax credit.

1.	From Schedule C, line 8, column A	Total PAYROLL EXPENSE for the entire business entity	\$	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
2.	From Schedule C, line 8, column B	Total EXEMPT PAYROLL	\$	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
3.	From Schedule C, line 8, column C	Total Taxable S.F. Payroll (Subtract line 2 from line 1)	\$	
4.	Payroll Tax Calculated (Multiply line 3 by Payroll Tax rate of 1.5% or .015)		\$	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
5.	NOTE: If line 4 is less than \$1,000.00, complete and return the Registration Renewal only, unless claiming a refund or filing a final statement.			
6.	If line 4 is over \$2,500.00 enter the amount from line 4, otherwise, enter zero, and complete lines 7 to 16.		\$	
7.	Enter calculated Enterprise Zone Tax Credit AMOUNT and ATTACH WORKSHEET. If none, put zero on line 7.		\$	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
8.	Tax Liability after EZ Tax Credit (Subtract TOTAL of line 7 from line 6. If line 7 is greater than line 6, enter zero.)		\$	
9.	Enter 2008 PREPAYMENT PAID (Do not include Registration Fees). If none, enter zero.		\$	
10.	Amount due. (Subtract line 9 from line 8. If line 9 is larger than line 8, enter zero.)		\$	
11.	Amount to be refunded to you. (If line 9 is larger than line 8, enter difference.)		\$	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
12.	If filed or postmarked after March 2, 2009, enter LATE FILING PENALTY.		\$	
13.	If paid after March 2, 2009, enter LATE PAYMENT PENALTY. If Line 4 is greater than \$2,500.00, add an additional 20% penalty after 5/31/09. See reverse.		\$	
14.	If paid after March 2, 2009, enter INTEREST. See reverse.		\$	
15.	If filed or postmarked after March 2, 2009, enter ADMINISTRATIVE FEE of \$35.00.		\$	
16.	TOTAL DUE. (Add Lines 10,12,13,14,15.) Make check payable to SF Tax Collector.		\$	

THIS STATEMENT MUST BE FILED OR POSTMARKED BY MARCH 2, 2009 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 this document and that it is true, correct, and complete to the best of my knowledge and belief.

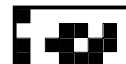
PRINT NAME _____ TITLE _____ FAX NUMBER _____

X SIGN HERE _____ DATE _____ B106-08

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

PLEASE ATTACH SCHEDULE C TO STATEMENT WHEN FILING

27992



PAYROLL TAX STATEMENT

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2008 LONG FORM SCHEDULE C

CERTIFICATE NUMBER			TAX YEAR
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PAYROLL TAX CALCULATIONS

Column A

Column B

Column C

Locations (non-SF = 999)	NAICS Code	No. of taxable SF employees for 2008	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"/> . <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"/> . <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"/> . <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"/> . <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"/> . <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"/> . <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"/> . <input type="text"/>	<input type="text"/>	
8 Totals					

PERIOD COVERED: January 1 - December 31, 2008 **DELINQUENT AFTER MARCH 2, 2009**

36567



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. If you wish to designate 1% of your tax obligation to the NBF, fill in this box (this will not increase your tax).