



**TAX COLLECTOR
CITY AND COUNTY OF SAN FRANCISCO**
BUSINESS TAX SECTION, P.O. BOX 7425, SAN FRANCISCO, CA 94120-7425 (415) 554-4400
PAYROLL EXPENSE TAX PREPAYMENT STATEMENT

CERTIFICATE NO.	TAX YEAR	DUE ON OR BEFORE	TAX TYPE
072476	2009	AUGUST 1, 2009	PY

*email →
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gmail.com 1839*

002540

The Payroll Expense Tax Ordinance requires each taxpayer with a total tax liability over \$2,500, but less than \$50,000 in payroll expense tax for the previous year to pay 52% as a prepayment installment of the current year's tax. This prepayment installment becomes delinquent at the close of business on **AUGUST 1, 2009**. If the due date falls on a Saturday, Sunday, or legal holiday, the last day to pay without incurring penalties, interest, and an administrative fee will be the next business day. This prepayment shall be taken as a deduction at the time the current year's tax becomes due and payable.

1.	Tax due for preceding year based on payroll expense tax reported	\$	3,333.41
2.	Prepayment due for this year (52% of line 1) Amount Due	\$	1,733.00
	If paid or postmarked after AUGUST 1, 2009		
3.	Add \$100.00 NEGLIGENCE PENALTY	\$	
4.	Add LATE PAYMENT PENALTY of 5% per month for 8/09, 9/09, 10/09, & 11/09	\$	
5.	Add Interest of 1% per month of line 2 (tax obligation)	\$	
6.	Add \$35.00 Administrative Fee	\$	
7.	Total Amount Due (Add Lines 2, 3, 4, 5, and 6)	\$	

Return this statement, duly signed, to the Business Tax Section, P.O. Box 7425, San Francisco, CA 94120-7425 postmarked by the US Postal Service on or before **AUGUST 1, 2009**. Make check payable to the San Francisco Tax Collector and write your business tax certificate number in the lower left corner of the check.

If your business can establish by clear and cogent evidence that your estimated total tax liability for year 2009 will be less than year 2008, attach a letter and supporting documentation to this statement requesting an adjustment to reduce your prepayment tax liability. Also, if required, enclose a check in the amount of 52% of your 2009 estimated total payroll tax liability by **AUGUST 1, 2009**. Should you have any questions, please call Taxpayer Assistance at (415) 554-4400.

I hereby certify under penalty of perjury that I am the authorized representative of this taxpayer and I have examined the foregoing payroll tax statement including any accompanying schedules and worksheets, and the information thereon is to the best of my knowledge and belief, true, correct, and fully compliant with all of the requirements provided in Articles 6, 12 and 12-A of the San Francisco Business and Tax Regulations Code. (Go to www.sfgov.org, click on "Most Requested", then on "Municipal Codes"). I am required by law to complete this form in its entirety and understand this statement is subject to audit, including a requirement to provide substantiating documentation.

Sign here _____ Title _____ Date _____
Business Phone No. _____ Fax No. _____
Email Address _____