1999 EZ

BUSINESS RECEIPTS AND PAYROLL TAX STATEMENT

SAN FRANCISCO TAX COLLECTOR
BUSINESS TAXES DIVISION
P.O. BOX 7425
SAN FRANCISCO, CA 94120-7425
TELEPHONE: (415) 554-4400

DELINQUENT AFTER FEBRUARY 29, 2000

BUSINESS TAX ID NUMBER	CERTIFICATE	CLASS	PBC	BUSINESS LOCATION	TAX YEAR
					1999

DO NOT WRITE IN PRE-PRINTED AREAS ABOVE. USE BLACK INK AND STAY INSIDE BOXES BELOW.
PLEASE HAND PRINT. DO NOT TYPE. DO NOT SEND PHOTOCOPY.

Enter the NUMBER of your EMPLOYEES as of DECEMBER 31, 1999
(If ZERO, leave blank)

BUSINESS TELEPHONE NUMBER ___ - ___ - ____

1.	**Total GROSS RECEIPTS**	$
2.	**Total EXEMPT RECEIPTS**	$
3.	Total Taxable Gross Receipts (Subtract line 2 from line 1)	$
4.	Tax Rate / $1000 (See Business Tax Rates Table on *reverse side*)	
5.	Gross Receipts Tax Calculated (Multiply tax rate in Line 4 for every $1000 or fraction thereof in Line 3.)	$
6.	**Total PAYROLL EXPENSE**	$
7.	**Total EXEMPT PAYROLL**	$
8.	Total Taxable Payroll (Subtract line 7 from line 6)	$
9.	Payroll Tax Calculated (Multiply line 8 by Payroll tax rate of **1.5%**)	$
10.	Enter the GREATER of line 5 or line 9.	$
11.	If Line 10 is over $2,500.00 enter the amount from Line 10; **OTHERWISE, Enter ZERO**	$
12.	Enter the amount from line 10 if you are filing after February 29, 2000.	$
13.	**Tax Due** (Enter the larger amount from Lines 11 or 12.)	$
14.	Business Tax Special Credit for 1999. See Instructions.	$
15.	Tax Due after Credit. (Subtract line 14 from line 13. If line 14 greater than line 13, enter zero.)	$
16.	Enter 1999 PREPAYMENT PAID (Do not include Registration Fees). If none, enter zero	$
17.	**Tax Balance Due** (Subtract line 16 from line 15; If line 16 is larger than line 15, enter zero)	$
18.	OVERPAYMENT (If line 16 is larger than line 15, enter difference:) See instructions.	$
19.	IF paid or postmarked after **February 29, 2000**, **Enter** LATE FILING **PENALTY. See instructions.**	$
20.	IF paid or postmarked after **February 29, 2000**, **Enter NEGLIGENCE PENALTY. See instructions.**	$
21.	IF paid or postmarked after **February 29, 2000**, **Enter INTEREST -** 1% per month of Line 17.	$
22.	**TOTAL AMOUNT DUE** (Add Lines **17,19,20,21**). Make check payable to the **San Francisco Tax Collector**.	$

THIS STATEMENT MUST BE FILED BY FEBRUARY 29, 2000 EVEN IF NO TAX IS DUE OR YOU WILL BE SUBJECT TO PENALTIES AND LOSS OF TAX EXEMPTION.

I declare, under penalty of perjury, that I have examined this statement and that this information is true and complete

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SIGN HERE X _____ DATE _____

B143-99

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PLEASE DO NOT TEAR APART

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BUSINESS RECEIPTS AND PAYROLL TAX STATEMENT

PERIOD COVERED: January 1 - December 31, 1999 **DELINQUENT IF PAID OR POSTMARKED AFTER FEBRUARY 29, 2000**

BUSINESS TAX ID NUMBER	OWNERSHIP NAME	PAYMENT ENCLOSED

NOTE: Payment enclosed must equal the amount stated on Line 22. (Please write your Business Tax ID at the bottom of your check.)

OVER