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Application Form for Payroll Tax Exclusion

SF Business & Tax Regulation Code §906.2

Tax Year:

(Deadline: December 31 to claim payroll exclusion for the previous tax year)

Section I - Company Information

NAME OF BUSINESS		Contact Person
BUSINESS MAILING ADDRESS		
BUSINESS URL (if available)		
TAX ID NUMBER		
TELEPHONE () -	FAX () -	EMAIL @

Section II - Eligibility Information

TOTAL NUMBER OF FULL TIME EMPLOYEES (including subsidiaries, affiliates, partnerships, and joint ventures):	NUMBER OF FULL TIME EMPLOYEES DIRECTLY RELATED TO RETAIL DISTRIBUTION OF BIODIESEL:
TOTAL NUMBER OF SITES AND PUMPS DISPENSING BIODIESEL:	TOTAL NUMBER OF FULL TIME GALLONS OF BIODIESEL SOLD IN REPORTING PERIOD:
PERCENT OF TOTAL FUEL SALES DURING THE TAX YEAR, DIRECTLY RELATED TO BIODIESEL (Includes B20 - B100)	
<input type="checkbox"/> 5-25% <input type="checkbox"/> 26-50 % <input type="checkbox"/> over 50%	
THE BUSINESS HOLDS A CURRENT SAN FRANCISCO GREEN BUSINESS AWARD CERTIFICATE AND CONTINUES TO MEET THE SAN FRANCISCO GREEN BUSINESS PROGRAM STANDARDS. <input type="checkbox"/> YES	
DATE RECOGNIZED AS A SAN FRANCISCO GREEN BUSINESS:	
THIS BUSINESS IS IN POSSESSION OF A CURRENT REGISTRATION CERTIFICATE PURSUANT TO ARTICLE 12 SECTION 853 OF THE BUSINESS AND TAX REGULATION CODE AND HAS ALL NECESSARY PERMITS AND APPROVALS TO OPERATE IN SAN FRANCISCO. <input type="checkbox"/> YES	
ATTACH TO THIS APPLICATION FORM - COMPANY BROCHURE, POLICY AND A LETTER CLEARLY STATING WHY THE BUSINESS QUALIFIES FOR THIS PAYROLL TAX EXCLUSION	

I, [person's full name] , declare:

1. I am [person's position in the business] .
2. I have personal knowledge of the facts and information contained in this application and attachments. I believe them to be true and if called upon to testify, I could and would testify competently to the contents of this application and its attachments.
3. All of the above stated information is accurate.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF RESPONSIBLE OFFICIAL
2006

DATE / /

TITLE and PRINTED NAME OF RESPONSIBLE OFFICIAL

TELEPHONE