**Affidavit for Renewal**

**of the Payroll Expense Tax Biotechnology Exclusion**

**For Payroll Tax Year 20**

This affidavit must be submitted to the Department of Public Health by fax, email, or U.S. mail to the contact listed below no later than January 31st of each year for which the biotechnology exclusion will be claimed following approval of the initial Application for Payroll Expense Tax Biotechnology Exclusion. ***Affidavits sent or postmarked after the January 31st deadline will be considered denied for that tax year.*** The company will receive a Letter of Determination within 10 business days.

Please type or print neatly using blank ink. Form must be signed to be valid.

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| **Section 1: Company Information** | | | | |
| Name of Company | | | Contact Person | |
| Location in San Francisco (incl. DBA) (street address, city, zip) | | | | |
| Mailing Address (if different from above) (street address, city, zip) | | | | |
| Telephone | Fax | | Email | |
| NAICS Code | | Business Registration Certificate No. | | |
| **Section 2: Eligibility Information** | | | | |
| Date of Letter of Determination approving the company’s application for the biotechnology payroll expense tax exclusion | | | |  |
| Company continues to meet the definition of “biotechnology business,” as defined above | | | | Yes  No |
| Company is participating in San Francisco’s First Source Hiring Program | | | | Yes  No |
| Total number of Company employees in San Francisco in this payroll tax year? | | | |  |
| Number of employees in San Francisco in this payroll tax year that performed substantially all work in direct support of Company’s biotechnology research and experimental development | | | |  |
| **Section 3: Verification** | | | | |
| I,      , declare that I have personal knowledge of the facts and information contained in this application and attachments. I believe them to be true and accurate and if called upon to testify, I could and would testify competently to the contents of this application and its attachments. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | | |
| Date: | | Signature:    Name:  Title: | | |

Please submit this affidavit or any questions to:

Max Gara, Office of Policy and Planning

San Francisco Department of Public Health

101 Grove Street, Room 330 **▪** San Francisco, CA 94102

t: 415.554.2621 **▪** [maxwell.gara@sfdph.org](mailto:maxwell.gara@sfdph.org)