Office of the Treasurer & Tax Collector City and County of San Francisco

I.



José Cisneros, Treasurer

Declaration In Support of the Central Market and Tenderloin Area Exclusion (CMTE) Office of the Treasurer & Tax Collector

Complete Sections I and III below and attach documentation in response to Section II. This information is due to the Office of the Treasurer & Tax Collector, P. O. Box 7425, San Francisco, CA 94120 within 10 days of receipt of your Letter of Eligibility or by February 3, 2020, whichever is later. Note that you are required to file a 2019 Annual Business Tax Return by the March 2, 2020 filing deadline.

Base Year Certification. Please choose and complete one option below.

| • | • |
|--|---|
| A. I maintained a fixed place of business in the CMTE area on | 7/20/11 and for the entirety of 2010. |
| B. I did not maintain a fixed place of business in the CMTE are move from another part of San Francisco. The first full year that I main CMTE was (date) C. I did not maintain a fixed place of business in the CMTE are from another part of San Francisco. I entered into a lease agreement for Please provide a copy of the lease agreement. | ntained a fixed place of business in the ea for the entirety of 2010 and I moved |
| D. I did not maintain a fixed place of business in the CMTE are from another part of San Francisco. I purchased real property in the CM | |
| II. Additional Documentation. Return this form with | |
| Provide January 1 st , 2019 to May 19 th , 2019 payroll expense information CMTE location, including the name or identification number of each en at that location (may differ from employee's hire date), the total payroll amount of that payroll expense tax attributable to their work in the CMT III. Certification. Sign and date. | nployee, the start date for each employee expense for that employee, and the |
| By signing this application, I declare under penalty of perjury, under the the authorized representative of the above-referenced business and have information contained herein is true, complete to the best of my knowle compliant with all of the requirements of the Central Market Street and that the Tax Collector determines that the Central Market Street and Tenthe business shall be liable for all uncollected taxes and be subject to pe | e examined this application, that the dge and belief, and that I am fully Tenderloin Area Exclusion. In the event nderloin Area Exclusion does not apply, |
| Signature of Authorized Representative | Date |
| Print Name | Telephone Number |
| Name of Business | Business Account Number |
| Email Address | |