

<b>Block/Lot:</b>	<b>Address:</b>
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City and County of San Francisco / Office of the Treasurer & Tax Collector  
**2022 Commercial Vacancy Tax Paper Return FORM CVT-2022**  
 Complete a Form CVT-2022 for each Taxable Commercial Space you are reporting.

Posted 2/10/2023

## Section A. Filer Information

### Does this person...

A1. Have a business account number (BAN) with the Office of the Treasurer & Tax Collector? <i>If Yes, enter BAN and go on to the next page. If no, enter NO.</i>	A1.
A2. Maintain a fixed place of business within San Francisco?	A2. Yes <input type="radio"/> No <input type="radio"/>
A3. Perform work or render services within San Francisco for all or part of any seven days during one tax year?	A3. Yes <input type="radio"/> No <input type="radio"/>
A4. Exercise corporate or franchise powers within San Francisco?	A4. Yes <input type="radio"/> No <input type="radio"/>
A5. Own or lease real or personal property within San Francisco for business purposes?	A5. Yes <input type="radio"/> No <input type="radio"/>
A6. Regularly maintain a stock of tangible personal property in San Francisco for sale in the ordinary course of business?	A6. Yes <input type="radio"/> No <input type="radio"/>
A7. Employ or loan capital on property within San Francisco?	A7. Yes <input type="radio"/> No <input type="radio"/>
A8. Liquidate businesses when the liquidators hold themselves out to the public as conducting such business?	A8. Yes <input type="radio"/> No <input type="radio"/>
A9. Use streets in San Francisco for business purposes for any part of seven (7) days during the tax year?	A9. Yes <input type="radio"/> No <input type="radio"/>
A10. Have more than \$500,000 in total gross receipts allocated to the City during the tax year?	A10. Yes <input type="radio"/> No <input type="radio"/>

### Filer Information

A11. Filer Name	A12. Business Name	
A13. Tax ID	A14. Email	A15. Phone

### Location Address

A16. Location Address Line 1	A17. Location Address Line 2	
A18. Location City	A19. Location State	A20. Location Zip Code

### Mailing Address

A21. Mailing Address Line 1	A22. Mailing Address Line 2	
A23. Mailing City	A24. Mailing State	A25. Mailing Zip Code



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## Section B. Filing Questionnaire

If you have more than one association, period, or landlord/tenant, see instructions.

B1. Select the description that best fits your association with the Taxable Commercial Space.		
Owner <input type="radio"/>	Lessee <input type="radio"/>	Sublessee <input type="radio"/>
B2. When did you acquire, lease or sublease the Taxable Commercial space?		B2. / /
B3. Did your ownership/tenancy continue after December 31, 2022?	Yes <input type="radio"/> No <input type="radio"/>	B3. / /
B4. Did you lease or sublease this space to another person(s) in the 2022 calendar year?		Yes <input type="radio"/> No <input type="radio"/>
B5. Did you previously file a 2022 Commercial Vacancy Tax Return for this Taxable Commercial Space, but were not required to do so?		Yes <input type="radio"/> No <input type="radio"/>
B6. Have you confirmed that this is Taxable Commercial Space?		Yes <input type="radio"/> No <input type="radio"/>
B7. Are you exempt from the Commercial Vacancy Tax? Common reasons for exemption are that you are a 501(c)(3) non-profit or federal government entity.		Yes <input type="radio"/> No <input type="radio"/>
B8. Each owner or tenant is required to file. If you have a co-owner or co-tenant that is filing/paying for this tax for this Taxable Commercial Space on your behalf please enter their information below.		
Co-Owner/Co-Tenant's Name	Co-Owner/Co-Tenant's Email	Co-Owner/Co-Tenant's Phone

B9. Landlord Information. If you leased or subleased the Taxable Commercial Space from any other person(s) during calendar year 2022, please enter the information about the landlord. If you did not lease or sublease from anyone, enter N/A in all fields of this table.

a. Landlord Name	b. Landlord Business Name
c. Landlord Email	d. Landlord Phone
e. Is the Landlord a Related Person or Affiliate? Yes <input type="radio"/> No <input type="radio"/>	

B10. If you leased or subleased the Taxable Commercial Space to any other person(s) during calendar year 2022, please enter the information about the tenants or subtenants. If you did not lease or sublease enter N/A in all fields of this table.

a. Tenant Name	b. Tenant Business Name	
c. BAN	d. Email	e. Phone
f. Start Date / /	g. Did Lease Continue After 12/31/2022? Yes <input type="radio"/> No <input type="radio"/>	h. End Date / /
i. Is the Tenant a Related Person or Affiliate? Yes <input type="radio"/> No <input type="radio"/>		

Section B Continues on Next Page



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*Section B Continued from Previous Page*

B11. Was the Taxable Commercial Space occupied, inhabited, or used for any of the reported days of tenancy or ownership in calendar year 2022 during which you did not lease the space to a person other than a Related Person or Affiliate?	B11. Yes <input type="radio"/> No <input type="radio"/>
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If you answered Yes to line B11, complete the table below.

B11a. Start Date	B11b. End Date
B11c. Reason	

**Section C. Exclusion and Exemption Periods**

C1. Are you or a member of your Taxpayer's Group subject to a Qualified Building Permit Application Period for this Taxable Commercial Space for calendar year 2022?	C1. Yes <input type="radio"/> No <input type="radio"/>
C1a. First Building Permit Application Filing Date (N/A if not applicable)	C1a. / /
C1b. Approval Date of Application in C1a (N/A if not approved)	C1b. / /
C1c. Denial Date of Application in C1a (N/A if not denied)	C1c. / /
C1d. Pending Application Number (N/A if not pending)	C1d.
C2. Are you or a member of your Taxpayer's Group subject to a Qualified Conditional Use Application Period for this Taxable Commercial Space for calendar year 2022?	C2. Yes <input type="radio"/> No <input type="radio"/>
C2a. First Conditional Use Application Filing Date (N/A if not applicable)	C2a. / /
C2b. Approval Date of the Application in C2a (N/A if not approved)	C2b. / /
C2c. Denial Date of the Application in C2a (N/A if not denied)	C2c. / /
C2d. Conditional Use Permit Number (N/A if not applicable)	C2d.
C3. Are you or a member of your Taxpayer's Group subject to a Qualified Construction Period for this Taxable Commercial Space for calendar year 2022?	C3. Yes <input type="radio"/> No <input type="radio"/>
C3a. First Building Permit Issuance Date (N/A if not applicable)	C3a. / /
C3b. Building Permit Number (N/A if not applicable)	C3b.
C4. Do you qualify for a Qualified Disaster Period with respect to this Taxable Commercial Space for calendar year 2022?	C4. Yes <input type="radio"/> No <input type="radio"/>
C4a. Date the Taxable Commercial Space was severely damaged and made uninhabitable or unusable due to fire, natural disaster, or other catastrophic event. (N/A if not applicable)	C4a. / /

*Section C Continues on Next Page*



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C5. Did you operate a business in the Taxable Commercial Space for more than 182 consecutive days during a lease or sublease of at least two years, and have time remaining on that lease in calendar year 2022?	C5. Yes <input type="radio"/> No <input type="radio"/>
C5a. Remainder Of Qualified Lease End Date (N/A if not applicable)	C5a.     /     /

**Section D. Frontage**

D1. What is the total length (in feet) of Taxable Commercial Space that is adjacent or tangent to a Public Right of Way?	D1.
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**Section E. Tax Summary**

E1. Total days of ownership/tenancy	E1.
E2. Number of days leased to another person	E2.
E3. Number of days inhabited, occupied or otherwise used	E3.
E4. Number of days excluded/exempted	E4.
E5. Number of days vacant	E5.
E6. Commercial Vacancy Tax Rate	E6. \$250
E7. Frontage	E7.
E8. Commercial Vacancy Tax Amount Due	E8.
E9. Penalties Interest and Fees	E9.
E10. Balance Due	E10.

**Section F. Taxpayer Statement**

*I certify under penalty of perjury that I am the taxpayer (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with the authority to bind the taxpayer), or an agent of the taxpayer authorized to sign this form on behalf of the taxpayer pursuant to a validly executed Power of Attorney (see Instructions), and I have examined the foregoing return including any accompanying schedules or worksheets, and the information thereon is, to the best of my knowledge and belief, true and correct, and fully compliant with all the requirements provided in Articles 6 and 29 of the San Francisco Business and Tax Regulations Code. I acknowledge that I am providing information in response to a request for financial information pursuant to Section 6.5-1 of the San Francisco Business and Tax Regulations Code. I am required by law to complete this form in its entirety and understand this statement is subject to audit.*

Signature	Date	Print Name/Title
Email	Phone	
Company		

