



Treasurer & Tax Collector
CITY AND COUNTY OF SAN FRANCISCO

José Cisneros
TREASURER

Business Account Number: _____

Name (Registered Ownership/Entity Name): _____

Trade Name / DBA: _____

UPDATE - TAX TYPES AND HOST STATUS

Complete this form to declare if there is a San Francisco Business Tax or Fee that does or does not apply to the business listed above. This form cannot be used to claim that some or all of your services are exempt from the selected business tax.

ADD OR REMOVE SAN FRANCISCO TAXES & FEES:

Check this box if you selected this tax or fee in error and would like to remove it.

Location Trade Name: _____

Location Address: _____

Location Identification Number (LIN): _____

To Find your LIN, go to: <https://etaxstatement.sfgov.org/situslookup>

Add a tax or fee - Effective date for tax or fee (no future date): _____

Remove a tax or fee - End date for the tax or fee: _____

Select the taxes and fees needing the update:

Transient Occupancy Tax, Tourism Improvement District & Moscone Expansion District Fees

Short Term Residential Rental

Parking Tax (may require completion of Certificate of Authority)

Parking Tax Small Operator (The total gross revenue from rent less than \$40,000.)

Sugary Drinks Tax

Cigarette Litter Abatement

Access Line Tax

Telephone Users Tax

Utility Users Tax

Traffic Congestion Mitigation Tax

THIS FORM CONTINUES ON THE REVERSE SIDE ↩

(If this form is not signed by an authorized representative of the business, it will be rejected)

Business Account Number: _____

UPDATES - TAX TYPES AND HOST STATUS (Continued)

Declaration

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 business tax statement 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, 12, 12-A, and 12-A-1 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: _____ NAME AND TITLE: _____

DATE: _____ COMPANY: _____
(MM/DD/YYYY)

EMAIL: _____ TELEPHONE: _____

Submit completed and signed form to: Office of the Treasurer & Tax Collector, PO Box 7425, San Francisco, CA 94120-7425

FOR OFFICE USE ONLY: Staff Initials: _____ Date Processed: _____