



Office of the Treasurer & Tax Collector
CITY AND COUNTY OF SAN FRANCISCO

www.sftreasurer.org
Customer Service
(415) 701-2311 or
311 in San Francisco

DECLARATION OF CLOSED BUSINESS

Use this form to inactivate an account that is no longer conducting business in San Francisco. Filer or its related entity within a combined group should also use this form. If more than one entity within a combined group is inactivating the entities' business accounts, complete this form for each entity that is no longer conducting business in San Francisco.

Before closing your business make sure to:

- Update your final mailing address using Account Update Form if your mailing address has changed. Once the business account is closed access to Account Update will no longer be permitted.
- Pay all outstanding financial obligations. After closing your business account, balances owed will be moved to the Bureau of Delinquent Revenue for continued collections.

Business Account Number of Closing Business: _____

Name (Registered Ownership/Entity Name): _____

Trade Name / DBA: _____

FOR OFFICE USE ONLY:

Staff Initials: _____

Date Processed: _____

Closing your business means you have ceased all business activity in San Francisco as of the date you provide below. You will be unable to conduct business in San Francisco unless you open a new account and pay applicable fees.

YES NO

☐ ☐ Are you closing this business account because you sold the business?
If yes: Enter the BAN for the new business entity, if available: _____

☐ ☐ Are you closing this business account because the business organization type has changed?
If yes: Enter the BAN for the new business entity, if available: _____

☐ ☐ Do you wish to close all business locations immediately and cease operating in San Francisco?
If you close all locations but wish to keep this registration active, then select NO.

☐ ☐ Do you acknowledge that all permits/licenses will be inactivated per the effective date of closure provided below and will not be renewed?

☐ ☐ Do you acknowledge that it is your responsibility to file Annual Business Tax Returns for the year in which business ceased, if applicable?
For additional information, including filing requirements. Please visit: <https://sftreasurer.org/business/taxes-fees>

☐ ☐ Do you acknowledge that it is your responsibility to pay any outstanding obligations or debt on a closed account?

☐ ☐ Do you acknowledge that any third party filer of Transient Occupancy or Parking Tax must surrender all Certificates of Authority in your possession to the Office immediately upon closing or sale of the business?

Mail to: Office of the Treasurer & Tax Collector, P.O. Box 7425, San Francisco, CA 94120-7425.

⇒ THIS FORM MUST BE SIGNED AND DATED ON THE REVERSE SIDE ⇒

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

Revised 11/30/2020



Office of the Treasurer & Tax Collector
CITY AND COUNTY OF SAN FRANCISCO

www.sftreasurer.org
Customer Service
(415) 701-2311 or
311 in San Francisco

DECLARATION OF CLOSED BUSINESS – continued

☐ I am closing my business due to circumstances related to COVID-19.

Effective Date of Closure in San Francisco (no future date): _____

(MM/DD/YYYY)

Submitting this request will result in the immediate closure of your account. No further correspondence will be sent and all regulatory agencies will be notified that you have closed. You will not be able to re-open this account. Once closed you must re-apply for a new Business Registration Certificate and pay any associated fees.

If this form is being filed by a key filer on behalf of a combined group, the key filer agrees to act as a surety and agent for each member of the combined group.

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: _____

EMAIL: _____

TELEPHONE: (_____) _____

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

Revised 11/30/2020