

# CIGARETTE LITTER ABATEMENT FEE RETURN

Business Tax Section P.O. BOX 7425 San Francisco, CA 94120-7425 www.sftreasurer.org

## CITY & COUNTY OF SAN FRANCISCO – OFFICE OF THE TREASURER & TAX COLLECTOR

JOSÉ CISNEROS, TREASURER DAVID AUGUSTINE, TAX COLLECTOR

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1.	Number of Cig	garette P	acks Sold During Period C	Covered:			],		, ,			],[		
2. 3.	Late Payment	Penalty		e 2 by 5% per month up to ne 4 <sup>th</sup> month of delinquency		\$	,			,				
4.	Late Filing Per	nalty: Ad	ld \$100.00 if delinquent			\$	,			,  _			. L	
5.	Interest: Multip	ply Line	2 by 1% per month if deline	quent		\$	,			<b>.</b> ,			٠,	
6. 7.		t Due: A	d \$55.00 if delinquent add lines 2 through line 6.	Make check payable to the		\$ 	,			,				
Write a copy I certif fiducia behalf Centra includi and fu the Sa to Sec	"CIG" and you y for your reco- fy under pena ary, or other ind of the Cigaret al, then on Po- ing any accom- illy compliant van Francisco A ction 6.5-1 of	Ir Accounts Ity of predividual te Retain over of apanying with all the daministrative Sar	erjury that I am the Cig with the authority to bindler pursuant to a validly Attorney Declaration — g schedules or workshed he requirements provider rative Code. I acknowled	the enclosed return enveloped on the bottom left corner of the larette Retailer (including a dight the Cigarette Retailer), or executed Power of Attorney Form POA-1), and I have lets, and the information the led in Article 6 of the San Fradge that I am providing information Tax Regulations Code.	n officer, gen an agent of the (go to sftreas examined the reon is, to the ancisco Busin mation in resp	neral part he Cigare surer.org, e foregoi e best of r ness and	ener, mo ette Ret , click o ing Cig my kno Tax Re a reque	embe ailer n Bus arette wlede gulat st for	er mar autho siness e Litte ge and tions C	nager, rized , then r Aba d belie Code a	mitta , exe to sig on E ateme ef, tru and C forma	cutor gn thi Busin ent F e an Chap ation	, tri s fo ess ee d co ter pui	make ustee orm or Form return orrect 105 orsuan
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## CIGARETTE LITTER ABATEMENT FEE

**Business Account Number**: This is your business account number for this return. Please write this number on your remittance check.

LIN: This is your location identification number which is twelve (12) digits in length 000000-00-000

Location Number: This is the last three digits of your location identification number

**Period Covered**: This is the quarter for which you are reporting: First Quarter (January 1 to March 31), Second Quarter (April 1 to June 30), Third Quarter (July 1 to September 30), or Fourth Quarter (October 1 to December 31). Please use one form per quarter.

**Due on or Before**: This is the last day to file and pay without incurring penalties, interest and other fees.

Line 1: Number of Cigarette Packs Sold During Period Covered is the number of packs of cigarettes sold by you within the geographic limits of the City of San Francisco for the period covered. A pack of cigarettes means the individual packet, box or other container by which retail sales of cigarettes are normally made or intended to be made. "Pack of cigarettes" does not mean containers such as cartons, cases, bales, or boxes which contain smaller packaged units of cigarettes.

Line 2: To calculate Fee Amount Due, multiply Line 1 by \$.60 and enter amount here.

Line 3: The Late Payment Penalty is calculated by multiplying Line 2 by 5% per month up to 20%. Add an additional 20% totaling 40% on the first day of the fourth month of delinquency. If you are not late, enter \$0. Example: If you are delinquent and filing or paying in the 1<sup>st</sup> month of delinquency, please multiply Line 2 by 5% and enter on Line 3. If you are delinquent and filing or paying in the 5<sup>th</sup> month of delinquency, please multiply Line 2 by 40% and enter on Line 3.

# Month of Delinquency

### Multiply Line 2 by:

1 <sub>st</sub>	5%
2 <sub>nd</sub>	10%
3rd	15%
4th and thereafter	40%

Line 4: The Late Filing Penalty is \$100. If you are not filing late, enter \$0.

**Line 5**: **Interest** is calculated by multiplying Line 2 by 1% per month (there is no maximum) starting the month after the due date. If you are not late, enter \$0.

**Line 6**: The **Administrative Fee** is \$55. If you are not filing and/or paying late, enter \$0.

Line 7: To calculate Total Payment Due add Lines 2 through 6.

Signature: This form is not valid without the signature of the business owner or his or her legal representative.

**Date**: Enter today's date. **Name**: Print your name. **Title**: Print your business title.

**Business Telephone**: The telephone number at this place of business.

Email: Your email address is needed so we may send out email reminders regarding future Cigarette Litter Abatement Fee

deadlines and other information.

You must immediately notify the San Francisco Tax Collector in writing of any changes in the ownership of this business. For proper credit to your account, do not consolidate remittances with any other obligations.

### **Resources for Additional Information**

Treasurer and Tax Collector	www.sftreasurer.org
Business Forms	www.sftreasurer.org/businessforms
Business and Tax Regulations Code	www.sftreasurer.org/btrcode
3-1-1 Customer Service from within SF	311

If you have questions or need further assistance, you may submit your question electronically at: <a href="http://sftreasurer.org/contact-us">http://sftreasurer.org/contact-us</a> Please note: taxpayers who come to City Hall for in-person assistance or call 311 may experience long wait/hold times.