



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.

For all other updates to business accounts that do not involve a complete closing of the business or change of ownership or entity type, use the form "Updates to Business Account Information". This form is available at City Hall in Room 140 or online at www.sftreasurer.org/accountupdate, or call (415) 701-2311.

Business Account Number of Closing Business: _____

Business Name (Registered Ownership): _____

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. If the ownership/entity type and/or Federal Taxpayer Identification Number has changed, you must close the business and open another business via <http://sftreasurer.org/registration>.

Last date of operation (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.

⇒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)



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DECLARATION OF CLOSED BUSINESS – continued

READ THE STATEMENTS BELOW AND ANSWER YES OR NO TO ALL THE QUESTIONS

YES NO

- Do you wish to close all 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?**
If you are changing your ownership type, close this business and open another business via <http://sftreasurer.org/business-form-central>
If you are a permit holder, you will need to re-apply for all your permits once you have completed your new business registration application and received your new business registration certificate number.
- Do you acknowledge that it is your responsibility to file a Payroll Expense Tax and Gross Receipts Tax Short Period Return for Taxpayers Ceasing Business for the year in which business ceased in San Francisco if the taxable payroll expense for the reporting tax year is greater than \$150,000, or taxable gross receipts for the reporting tax year is greater than \$500,000?**
- 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.

Penalty of Perjury 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 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.

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.

NAME: _____
Signature

_____ **Print Full Name (and Title, if applicable)**

DATE: _____

TELEPHONE: _____

EMAIL: _____

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