



ST

STADIUM OPERATOR ADMISSION TAX STATEMENT – SPECIAL EVENT

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

BUSINESS ACCOUNT NUMBER	PARK USED	EVENT DATE	DUE DATE
			6 TH DAY FOLLOWING THE EVENT *

1. Number of Tickets Sold (price/value between \$2.02 and \$25.01)				,														
2. Tax Due (\$0.75 x line 1)	\$,					.								
3. Number of Tickets Sold (price/value between \$25.02 and \$25.49)					,													
4. Tax Due (\$1.75 x line 3)	\$,					.								
5. Number of Tickets Sold (price/value of \$25.50 or more)					,													
6. Tax Due (\$2.25 x line 5)	\$,					.								
7. Add Lines 2, 4, and 6	\$,					.								
8. Deposit Made (if any)	\$,					.								
9. Statement Subtotal (line 7 minus line 8)	\$,					.								

10. Late Filing Penalty: Add \$100.00 if delinquent	\$,					.								
11. Late Payment Penalty: If delinquent, multiply Line 9 by 5% per month up to 20%, plus an additional 20% on the first day of the 4th month	\$,					.								
12. Interest: Multiply Line 9 by 1% per month if delinquent	\$,					.								
13. Administrative Fee (\$55.00) if delinquent	\$,					.								
14. Total Amount Due (Line 9 through line 13)	\$,					.								

Number of complimentary tickets issued: ,

I certify under penalty of perjury that I am the operator (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with the authority to bind the operator), or an agent of the operator authorized to sign this form on behalf of the operator pursuant to a validly executed Power of Attorney (go to www.sftreasurer.org, click on Business, then on Business Form Central, then on Power of Attorney Declaration – Form POA-1), and I have examined the foregoing Stadium Operator Admission 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 and 11 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.

SIGN HERE	_____	DATE	_____
PRINT NAME	_____	BUSINESS TELEPHONE	_____
TITLE	_____	E-MAIL	_____