



Business Tax Section, Account Services

Update Business Taxes and Fees

Business Name: _____ Business Account Number: _____

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.

For information regarding San Francisco Business Taxes or Fees and other requirements, go to: <http://sftreasurer.org/business> and click on More Taxes & Fees tab.

To update your business account information including the business contact information, add or close a location, or close your business, go to: <http://sftreasurer.org/account-update>

ADD OR REMOVE SAN FRANCISCO TAXES & FEES:

If adding a tax or fee, effective date for the applicable tax or fee (no future date): _____

If removing a tax or fee, end date for the tax or fee if no longer applicable: _____

Location identification number (LIN): _____

To find you LIN, go to: <https://etaxstatement.sfgov.org/situslookup>

Select the taxes & fees needing the update:

- | | | |
|-----------------------------------------------------------|----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Transient Occupancy Tax | <input type="checkbox"/> Parking Tax | <input type="checkbox"/> Utility Users Tax |
| <input type="checkbox"/> Tourism Improvement District Fee | <input type="checkbox"/> Access Line Tax | <input type="checkbox"/> Stadium Tax |
| <input type="checkbox"/> Moscone Expansion District Fee | <input type="checkbox"/> Telephone Users Tax | <input type="checkbox"/> Sugary Drinks Tax |
| <input type="checkbox"/> Cigarette Litter Abatement Fee | | |

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

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, and I have examined the foregoing, 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 the San Francisco Business and Tax Regulations Code.

Name & Title: _____ Signature: _____

Date: _____ Telephone: _____ Email Address: _____