



ANNUAL TRANSIENT OCCUPANCY TAX (TOT) AND TOURISM IMPROVEMENT DISTRICT (TID) RETURN

Business Account Number: _____ Location Identification Number: _____

Location Address: _____ Filing Period: _____

Transient Occupancy Tax (TOT) Return

If some or all of your collections have been reported and remitted by a Qualified Website Company (QWC), do not include those amounts on this form. Please only report collections from short-term rental stays that your directly booked. Enter Gross Rent, Parking Charges and any exemptions claimed for this location. If nothing was collected, enter zero. (Lines marked with an asterick (*) are required fields).

1. Gross Rent for Occupancy*	\$	
2. Parking charges paid by Registered Guests included in Line 1*	\$	
3. Rent for Occupancy by Permanent Residents	\$	
4. Rent for Occupancy by Exempt Corporations or Associations	\$	
Exemptions		
5. Rent for Occupancy where charge is less than the daily or weekly threshold (Visit sftreasurer.org/TOT for thresholds)	\$	
6. Rent for Occupancy by Government Employees as Official Business	\$	
7. Total Collections (from Line 1)	\$	
8. Total Exemptions (Line 3 + Line 4 + Line 5 + Line 6)	\$	
9. Taxable Rent (Line 7 - Line 8)	\$	
10. Transient Occupancy Tax Due (Line 9 x 14%)	\$	
Additional	11A. Late Filing Penalty	\$
Charges if	11B. Late Payment Penalty	\$
Delinquent:	11C. Interest	\$
sftreasurer.org/ business-tax-penal- ties-and-interest	11D. Administrative Fee	\$
12. Total TOT Payment Due (Line 10 + Line 11A + Line 11B + Line 11C +Line 11D)	\$	

THIS FORM CONTINUES ON THE REVERSE SIDE ↩

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

Business Account Number: _____ Location Identification Number: _____

Location Address: _____ Filing Period: _____

Tourism Improvement District (TID) Assessment (January to October 2024)

If some or all of your collections have been reported and remitted by a Qualified Website Company (QWC), do not include those amounts on this form. Please only report collections from short-term rental stays that your directly booked. Enter Charges for Guest Rooms, Charges for Additional Guests, Charges for Guaranteeing Room Availability, and any exemptions claimed for this location . If nothing was collected, enter zero. (Lines marked with an asterick(*) are required fields).

- | | |
|---|----------|
| 1. Charges for Guest Rooms as per the TID Management District Plan* | \$ |
| 2. Charges for Additional Guests as per the TID Management District Plan* | \$ |
| 3. Charges for Guaranteeing Room Availability as per the TID Management District Plan* | \$ |
| 4. Revenue from Occupancy by Permanent Residents | \$ |
| 5. Revenue from Occupancy by Exempt Corporations or Associations | \$ |
| 6. Revenue for Occupancy where charge is less than the daily or weekly threshold. Visit sftreasurer.org/TOT for thresholds. | \$ |
| 7. Revenue from Occupancy by Airline Crews | \$ |
| 8. Total Charges for Guest Rooms (Line 1 + Line 2 + Line 3) | \$ |
| 9. Total Exemptions (Line 4 + Line 5 + Line 6 + Line 7) | \$ |
| 10. Total Revenue subject to TID Guest Rooms (Line 8 - Line 9) | \$ |
| 11. If Hotel is located in Zone 1 - Enter 1.25% | |
| If Hotel is located in Zone 2 - Enter 1.00% | |
| 12. TID Assessment Due January to October (Line 10 x Line 11) | \$ _____ |

THIS FORM CONTINUES ON THE NEXT PAGE

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

Business Account Number: _____ Location Identification Number: _____

Location Address: _____ Filing Period: _____

Tourism Improvement District (TID) Assessment (November to December 2024)

On August 23, 2024, the San Francisco Tourism Improvement District (TID) Board of Directors voted to increase the TID rates by 1% for both Zone 1 and Zone 2. Effective November 1, 2024, the updated rates are 2.25% for Zone 1 and 2.00% for Zone 2.

If some or all of your collections have been reported and remitted by a Qualified Website Company (QWC), do not include those amounts on this form. Please only report collections from short-term rental stays that you directly booked. Enter Charges for Guest Rooms, Charges for Additional Guests, Charges for Guaranteeing Room Availability, and any exemptions claimed for this location. If nothing was collected, enter zero. (Lines marked with an asterick (*) are required fields).

1. Charges for Guest Rooms as per the TID Management District Plan*	\$
2. Charges for Additional Guests as per the TID Management District Plan*	\$
3. Charges for Guaranteeing Room Availability as per the TID Management District Plan*	\$
4. Revenue from Occupancy by Permanent Residents	\$
5. Revenue from Occupancy by Exempt Corporations or Associations	\$
6. Revenue for Occupancy where charge is less than the daily or weekly threshold. Visit sftreasurer.org/TOT for thresholds.	\$
7. Revenue from Occupancy by Airline Crews	\$
8. Total Charges for Guest Rooms (Line 1 + Line 2 + Line 3)	\$
9. Total Exemptions (Line 4 + Line 5 + Line 6 + Line 7)	\$
10. Total Revenue subject to TID Guest Rooms (Line 8 - Line 9)	\$
11. If Hotel is located in Zone 1 – Enter 2.25% If Hotel is located in Zone 2 – Enter 2.00%	
12. TID Assessment Due November to December (Line 10 x Line 11)	\$
13. Enter TID Assessment Due January to October from Line 12 on previous page	\$
14. Total TID Assessment Due (Line 12 + Line 13)	\$
Additional Charges if Delinquent: 15A. Late Filing Penalty	\$
sftreasurer.org/business-tax-penalties-and-interest 15B. Late Payment Penalty	\$
15C. Interest	\$
16. Total TID Assessment Payment Due (Line 14 + Line 15A + Line 15B + Line 15C)	\$

THIS FORM MUST BE SIGNED AND DATED ON THE FINAL PAGE ↩

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

Business Account Number: _____ Location Identification Number: _____

Location Address: _____ Filing Period: _____

Preparer Statement

I certify under penalty of perjury that I am the operator/assessee (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with the authority to bind the operator/assessee), or an agent of the operator/assessee authorized to sign this form on behalf of the operator/assessee pursuant to a validly executed Power of Attorney, and I have examined the foregoing tax and assessment statements 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 7 of the San Francisco Business and Tax Regulations Code, the San Francisco Tourism Improvement District Management District Plan, and the Moscone Expansion District Management District Plan. 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: _____ (MM/DD/YYYY) COMPANY: _____

EMAIL: _____ TELEPHONE: _____

Payment By Mail

Make check payable to "San Francisco Tax Collector" and mail to: San Francisco Tax Collector, P.O. Box 7425, San Francisco, CA 94120-7425. Include your Business Account Number on your check. If a check is not honored by the bank, the payment is null and void, and a \$50 returned check fee will be charged in addition to penalties.