



San Francisco Voluntary Disclosure & Compliance Program Application

Section A: Applicant Entity Eligibility Questions

Answer each question Yes or No. If the answers to all questions are No, you may apply for the San Francisco Voluntary Disclosure & Compliance Program.

Does the Applicant Entity currently have a Business Registration Certificate issued by the Office of Treasurer & Tax Collector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant Entity previously filed returns for any San Francisco taxes or other charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant Entity ever been previously contacted by the Office of the Treasurer & Tax Collector regarding any San Francisco taxes, business registration, or other charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B: Applicant Entity Information

Is the Applicant Entity representing itself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Applicant Entity disclosing their identity in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal Name	Tax ID (i.e. EIN or SSN)
Principal Address	Mailing Address

List the San Francisco tax(es) or other charges and the periods to be covered by the Voluntary Disclosure Agreement:

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Does the Applicant Entity have a current obligation to report any San Francisco taxes or other charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date did the Applicant Entity start business activities in San Francisco?	
What date did the Applicant Entity's filing obligations begin?	
What date did the Applicant Entity end business activities in San Francisco? (If not applicable, enter "NA")	

Section C: Representative or Applicant Entity Information

I declare under penalty of perjury under the laws of the state of California that I am the Applicant Entity, or authorized by the unnamed applicant(s) to act as its agent in applying for the Voluntary Disclosure & Compliance Program, and that the information given above and any supplemental information is true and correct to the best of my knowledge and belief.

Representative's or Applicant's Name		Telephone Number
Representative's or Applicant's Firm (if applicable)		Email address
Representative's or Applicant's Street Address		
City	State	Zip Code
Print Name	Signature	Date