



Business Account Number: _____

Name (Registered Ownership/Entity Name): _____

UPDATE - SHORT TERM RESIDENTIAL RENTAL INFORMATION

Complete this form to make updates to your short term residential rental information. For information regarding short term residential rentals, go to: <https://sftreasurer.org/transient-occupancy-tax-tot>. To update your business account information, including the business contact information, add or close a location, or close your business, go to: <https://sftreasurer.org/business-account-update>.

SHORT TERM RESIDENTIAL RENTAL INFORMATION:

Location Identification Number (LIN): _____ Location Name: _____

Effective date for the applicable tax (no future date): _____ (or effective date for the short term residential rental)

End date for the tax if no longer applicable: _____ (or end date for the short term residential rental)

SHORT TERM RESIDENTIAL RENTAL TAX INFORMATION CATEGORY:

Airbnb, misterb&b and Interval International are Qualified Website Companies (QWC), designated by the Tax Collector to collect and remit Transient Occupancy Taxes (TOT) and Tourism Improvement District (TID) assessments on behalf of hosts using their platforms. Select the category that applies to your business.

All rent is received through QWC(s).

Some rent is received through QWC(s), and some rent is received through other methods.

No rent is received through QWC(s).

Select the companies you work with:

Airbnb

misterb&b

Interval International

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 Update Short Term Residential Rental Information form, 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.

SIGNATURE: _____ NAME AND TITLE: _____

DATE: _____ (MM/DD/YYYY) COMPANY: _____

EMAIL: _____ TELEPHONE: _____

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

Revised 03/25/2024