



Business Account Number of Closing Business: _____

Name (Registered Ownership/Entity Name): _____

Trade Name / DBA: _____

DECLARATION OF CLOSED BUSINESS



USE THIS FORM TO inactivate an account that is no longer conducting business in San Francisco. **Closing your business means you have ceased all business activity in San Francisco as of the date you provide below. You will be unable to conduct business in San Francisco unless you open a new account and pay applicable fees.**

Review instructions on reverse side before submitting this form.

Yes No

- Are you closing this business account because you sold the business?
If yes: Enter the BAN for the new business entity, if available: _____
- Are you closing this business account because the business organization type has changed?
If yes: Enter the BAN for the new business entity, if available: _____
- Do you wish to close ALL business locations immediately and cease operating in San Francisco?
- Do you acknowledge that all permits/licenses will be inactivated per the effective date of closure provided below and will not be renewed?
- Do you acknowledge that it is your responsibility to file Annual Business Tax Returns for the year in which business ceased, if applicable? For additional information, including filing requirements. Please visit: sftreasurer.org/business/taxes-fees
- Do you acknowledge that it is your responsibility to pay any outstanding obligations or debt on a closed account?
- Do you acknowledge that any third party filer of Transient Occupancy or Parking Tax must surrender all Certificates of Authority in your possession to the Office immediately upon closing or sale of the business?
Mail to: Office of the Treasurer & Tax Collector, P.O. Box 7425, San Francisco, CA 94120-7425

I am closing my business due to circumstances related to COVID-19.

Effective Date of Closure in San Francisco (no future date): _____
(MM/DD/YYYY)

THIS FORM MUST BE SIGNED AND DATED ON THE REVERSE SIDE ↩

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

Business Account Number: _____

Declaration of Closed Business (Continued)



Filer or its related entity within a combined group should also use this form. If more than one entity within a combined group is inactivating the entities' business accounts, complete this form for each entity that is no longer conducting business in San Francisco.

BEFORE CLOSING YOUR BUSINESS MAKE SURE TO:

- **Update your final mailing address** using the Account Update Form if your mailing address has changed. Once the business account is closed, access to Account Update will no longer be permitted.
- **Pay all outstanding financial obligations.** After closing your business account, balances owed will be moved to the Bureau of Delinquent Revenue for continued collections.

Submitting this request will result in the immediate closure of your account. No further correspondence will be sent and all regulatory agencies will be notified that you have closed the Business Account Number. You will not be able to re-open this account. Once closed, you must re-apply for a new Business Registration Certificate and pay any associated fees.

If this form is being filed by a key filer on behalf of a combined group, the key filer agrees to act as a surety and agent for each member of the combined group.

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 business 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, 12, 12-A, and 12-A-1 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.

SIGNATURE: _____ NAME AND TITLE: _____

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

EMAIL: _____ TELEPHONE: _____

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

FOR OFFICE USE ONLY: Staff Initials: _____ Date Processed: _____