



Office of the Treasurer & Tax Collector  
CITY AND COUNTY OF SAN FRANCISCO

www.sftreasurer.org  
Customer Service --  
311 in San Francisco  
or (415) 701-2311

		<b>Monthly Parking Statement</b>		<b>- Page 1</b>
<b>Location Identification Number</b>		<b>Filing Start Date</b>		
<b>Statement Date</b>				

Payment must be received or postmarked on or before .  
Penalties, interest and fees will be imposed after .

If a payment is not honored by a financial institution, for any reason, the tax payment is null and void and a \$50 returned check fee will be charged. In addition to penalties, interest, and other fees will be imposed if not timely paid.

**To pay Online**

Electronic payments are made through our service provider FIS (formerly Link2Gov).  
Please read about acceptable payment types and convenience fees associated with each.  
Be advised that FIS's confirmation only indicates a receipt of your payment information.  
It may take 5-10 business days for the payment to process and clear with your financial institution.

**To pay by Check**

Make payable to "San Francisco Tax Collector".  
Write the Location Identification Number (1033599-07-151) on your check.  
Include ONLY the payment stub, not the statement.

**Mail to:** San Francisco Tax Collector, P.O. Box 7425, San Francisco, CA 94120-7425

**Deliver to:** City Hall - Rm 140, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102  
during business hours (8am - 5pm, excluding holidays)

**To pay by Electronic Transfer** (wire transfer through Federal Wire System or ACH)

Follow the detailed instructions located at:  
[http://sftreasurer.org/ftp/uploadedfiles/tax/business\\_zone/WireInstructionsBT.pdf](http://sftreasurer.org/ftp/uploadedfiles/tax/business_zone/WireInstructionsBT.pdf)

TTX use only





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**Tax Summary**

Please review the totals for your Parking Tax Statement. If any revisions are required use the tabs above to navigate back to your previous entries to make changes

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*Total Monthly Parking Collections for this Location, Including Parking Tax*

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**Exemptions**

*Residential Parking on Same Residential Premises*

*Government Parking Paid only by Government*

*Bank/Insurance Company Paid only by Company*

*City Owned Lots where Revenue is Remitted by the City Agency*

*Other*

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*Total Exemptions*

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*Taxable Parking Collections, Including Parking Tax*

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*Parking Tax Due*

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**Penalties**

*Late Filing Penalty*

*Late Payment Penalty*

*Interest*

*Administrative Fee*

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*Total Payment Due*

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		<b>Monthly Parking Statement - Page 4</b>	
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**Location and Unaccounted Ticket Information**

Enter any exemptions claimed by this location in lines 2a - e. If an exemption is not being claimed, enter zero.

<b>A</b>	Number of stalls available at the start of the reporting month	
<b>B</b>	Number of stalls numbered	
<b>C</b>	Number of stalls not numbered	
<b>D</b>	Total number of stalls	
<b>1</b>	Parked vehicles at the start of reporting month	
<b>2</b>	Tickets issued for the reporting month	
<b>3</b>	Total = Inventory + Tickets issued	
<b>4</b>	Tickets voided for the reporting month	
<b>5</b>	Tickets collected for the reporting month	
<b>6</b>	Unaccounted tickets = Total - Voided - Collected	
<b>7</b>	Unaccounted Ticket Ratio (Unaccounted tickets ÷ Tickets issued) x 100	

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**Preparer's Statement**

By clicking "Submit" below, I certify under penalty of perjury that I am the operator (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with the authority to bind the operator), or an agent of the operator authorized to sign this form on behalf of the operator pursuant to a validly executed Power of Attorney (see Instructions), and I have examined the foregoing parking 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, 9 and 22 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.

Initial after reading Preparer Statement	
First Name	
Last Name	
Title	
Phone Number	
Email	
Company (when different from Ownership)	

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