

TITLE

CIGARETTE LITTER ABATEMENT FEE RETURN

Business Tax Section P.O. BOX 7425 San Francisco, CA 94120-7425 www.sftreasurer.org

CITY & COUNTY OF SAN FRANCISCO – OFFICE OF THE TREASURER & TAX COLLECTOR

JOSÉ CISNEROS, TREASURER DAVID AUGUSTINE, TAX COLLECTOR

BUSI	NESS ACCOUNT	NUMBER	LIN	LOCATION NUMER	PERIOD COVERED	DUE ON OR BEFORE
CIG	AI CI	·	S: ATE, ZIP ABATEMENT FEE			
1.	Number of Ci	garette P	acks Sold During Period Covered:		,	
2. 3.	Late Paymen	t Penalty	tiply Line 1 by \$.85 : If delinquent, multiply Line 2 by 5% per i al 20% on the first day of the 4 th month of		\$, , , , , , , , , , , , , , , , , , ,	,
4.	Late Filing Pe	enalty: Ac	ld \$100.00 if delinquent		\$,
5.	Interest: Multi	iply Line	2 by 1% per month if delinquent		\$,
6. 7.		nt Due: A	d \$55.00 if delinquent dd lines 2 through line 6. Make check pa	yable to the	\$,
Write a cop I certifiducia behalt Fee reand c Chapt inform	"CIG" and you y for your reconsify under penalary, or other in f of the Cigare eturn including correct, and fulter 105 of the nation pursuar	ur Accounts. alty of prodividual ette Retagrany accounts. San Frant to Second	nit with payment using the enclosed and number listed above on the bottom erjury that I am the Cigarette Retailed with the authority to bind the Cigarett iller pursuant to a validly executed Pocompanying schedules or worksheets liant with all the requirements provide ancisco Administrative Code. I acknowledge the statement is subject to audit.	er (including an officer e Retailer), or an agen wer of Attorney and I I s, and the information ed in Article 6 of the Sowledge that I am pro-	ck. Return this document r, general partner, member at of the Cigarette Retaile have examined the foregon thereon is, to the best of San Francisco Business viding information in res	with your remittance and make over manager, executor, trustee, or authorized to sign this form on soing Cigarette Litter Abatement f my knowledge and belief, true and Tax Regulations Code and ponse to a request for financial
	N HERE NT NAME	х		DATE BUSINESS TELEPH	OONE	

E-MAIL

CIGARETTE LITTER ABATEMENT FEE

Business Account Number: This is your business account number for this return. Please write this number on your remittance check.

LIN: This is your location identification number which is twelve (12) digits in length 000000-00-000

Location Number: This is the last three digits of your location identification number

Period Covered: This is the quarter for which you are reporting: First Quarter (January 1 to March 31), Second Quarter (April 1 to June 30), Third Quarter (July 1 to September 30), or Fourth Quarter (October 1 to December 31). Please use one form per quarter.

Due on or Before: This is the last day to file and pay without incurring penalties, interest and other fees.

Line 1: Number of Cigarette Packs Sold During Period Covered is the number of packs of cigarettes sold by you within the geographic limits of the City of San Francisco for the period covered. A pack of cigarettes means the individual packet, box or other container by which retail sales of cigarettes are normally made or intended to be made. "Pack of cigarettes" does not mean containers such as cartons, cases, bales, or boxes which contain smaller packaged units of cigarettes.

Line 2: To calculate Fee Amount Due, multiply Line 1 by \$.85 and enter amount here.

Line 3: The Late Payment Penalty is calculated by multiplying Line 2 by 5% per month up to 20%. Add an additional 20% totaling 40% on the first day of the fourth month of delinquency. If you are not late, enter \$0. Example: If you are delinquent and filing or paying in the 1st month of delinquency, please multiply Line 2 by 5% and enter on Line 3. If you are delinquent and filing or paying in the 5th month of delinquency, please multiply Line 2 by 40% and enter on Line 3.

Month of Delinquency

Multiply Line 2 by:

1 _{st}	5%
2 _{nd}	10%
3rd	15%
4th and thereafter	40%

Line 4: The Late Filing Penalty is \$100. If you are not filing late, enter \$0.

Line 5: **Interest** is calculated by multiplying Line 2 by 1% per month (there is no maximum) starting the month after the due date. If you are not late, enter \$0.

Line 6: The **Administrative Fee** is \$55. If you are not filing and/or paying late, enter \$0.

Line 7: To calculate Total Payment Due add Lines 2 through 6.

Signature: This form is not valid without the signature of the business owner or his or her legal representative.

Date: Enter today's date. **Name**: Print your name. **Title**: Print your business title.

Business Telephone: The telephone number at this place of business.

Email: Your email address is needed so we may send out email reminders regarding future Cigarette Litter Abatement Fee

deadlines and other information.

You must immediately notify the San Francisco Tax Collector in writing of any changes in the ownership of this business. For proper credit to your account, do not consolidate remittances with any other obligations.

Resources for Additional Information

Treasurer and Tax Collector	www.sftreasurer.org
Business Forms	http://www.sftreasurer.org/find-form
Business and Tax Regulations Code	$\underline{\text{http://www.sftreasurer.org/business/tax-collector-regulations}}$
3-1-1 Customer Service from within SF	311

If you have questions or need further assistance, you may submit your question electronically at: http://www.sftreasurer.org/help-center Please note: taxpayers who come to City Hall for in-person assistance or call 311 may experience long wait/hold times.