

BAN: _____ BUSINESS NAME: _____ CEASING BUSINESS DATE: __/__/____

FORM L-2021 CEASING BUSINESS FOR RESIDENTIAL LANDLORDS

NOTE: If Claiming Tax Credits, or If Your Gross Receipts Exceed \$50,000,000, Use Form ABT-2021 CEASING BUSINESS to Report

Section A. Business Information

A1. Did the business have taxable business personal property in San Francisco in tax year 2021?	A1. <input type="checkbox"/> YES <input type="checkbox"/> NO
A2. Average number of employees per week, including those employed outside of San Francisco	A2.
A3. Number of San Francisco employees	A3.

Section B. Gross Receipts Tax

B1. Business Activity	REAL ESTATE AND RENTAL AND LEASING SERVICES	
B2. Enter the number of units leased out (exempt from Gross Receipts Tax if 3 units or less)	B2.	
B3. San Francisco Gross Receipts	B3.	
B4. Are you filing this return for a building with rent-controlled units?	B4. <input type="checkbox"/> YES <input type="checkbox"/> NO	
B5. If Yes to B4, multiply amounts received from rent-controlled units by 50% and enter here. If No to B4, enter 0.	B5.	
B6. Taxable San Francisco Gross Receipts (B3 - B5)	B6.	
B7. Gross Receipts Tax (B6 x 0.00399) (enter \$0 if small business exempt)	B7.	
B8. Additional Tax on Gross Receipts in excess of \$5,000,000 ([B6-\$5,000,000] x 0.00021) Note: If gross receipts are \$5,000,000 or less, enter zero on this line	B8.	
B9. Total Gross Receipts Tax (B7 + B8)	B9.	
B10. Gross Receipts Tax Estimated Tax Payments	B10.	
B11. Remaining Gross Receipts Tax Principal Due	B11.	
B12. Penalties, Interest and Fees (see instructions)	B12.	
B13. Amount Due	B13.	

Check this box to designate 3.8% of the total tax amounts on line B9 to the Neighborhood Beautification and Graffiti Clean-up Fund ("Community Challenge Grant Program"). Alternately, you may specify an amount up to 3.8% of the total tax amounts on line B9 on the line at right. These designations do NOT increase your tax liability. _____

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 (see instructions), 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, 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	Date	Print Name/Title
Email	Phone	

