



**REQUEST FOR EXTENSION TO FILE  
2020 GROSS RECEIPTS TAX, PAYROLL EXPENSE TAX, COMMERCIAL RENTS TAX &  
HOMELESSNESS GROSS RECEIPTS TAX**

**To qualify for a 60-day extension to file any taxes within your 2020 Annual Business Tax Return, you must submit this request for an extension AND pay at least 100% of the taxes for which you are requesting an extension on or before April 30, 2021.** The extension allows you to file your tax return no later than June 29, 2021.

If you do not make the required 100% payment on or before April 30, 2021 or you do not file your tax return by June 29, 2021 your Request for Extension to File will be denied and you will be subject to penalties, interest, and fees. **Extension requests will be approved or denied per each tax type.**

The Tax Collector may use the filing information from your annual Return to establish the estimated tax liability to approve or deny your extension request.

Below, for any tax type for which you are seeking an extension, please enter additional amounts (if any) required to satisfy 100% of your tax liability.

		Payroll Expense Tax Amount	Gross Receipts Tax Amount	Commercial Rents Tax Amount	Homelessness Gross Receipts Tax Amount
1	Estimated tax amount	\$	\$	\$	\$
2	Prior tax payments	\$	\$	\$	\$
3	Remaining amount to be paid (Line 1 – Line 2)	\$	\$	\$	\$

7-digit Business Account Number: \_\_\_\_\_ Business Name: \_\_\_\_\_

Please send this request and a check (if required) payable to the **SAN FRANCISCO TAX COLLECTOR**, U.S.P.S. postmarked on or before April 30, 2021 to: Office of the Treasurer & Tax Collector, City and County of San Francisco, Business Tax Section, P.O. Box 7425, San Francisco, CA 94120-7425. Include your business account number on all checks and correspondence.

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, (form located at [www.sftreasurer.org](http://www.sftreasurer.org)) and I have examined the foregoing business tax form 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, 12-A-1, 21, and 28 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: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_