

Business Account Number:_____

Operator Name:_____

Period Covered (Month/Year):____

ST - STADIUM OPERATOR ADMISSION TAX MONTLY STATEMENT

DUE DATE - 6TH DAY OF THE FOLLOWING MONTH

If the due date falls on a weekend or holiday, due date is the next business day.

- Number of Complimentary Tickets Issued
 Number of Tax-Exempt Tickets Sold
- 3. Number of Tickets Sold (price/value up to \$2.01) \$_____ 4. Tax Due (\$0.25 x line 3) 5. Number of Tickets Sold (price/value between \$2.02 and \$25.01) \$_____ Tax Due (\$0.75 x line 5) 6. Number of Tickets Sold (price/value between \$25.02 and \$25.49) 7. _____ \$_____ 8. Tax Due (\$1.75 x line 7) 9. Number of Tickets Sold (price/value of \$25.50 or more) \$_____ 10. Tax Due (\$2.25 x line 9) \$_____ 11. Add Lines 4, 6, 8, and 10 \$_____ 12. Late Filing Penalty Additional Charges if \$_____ 13. Late Payment Penalty Delinguent: \$_____ 14. Interest sftreasurer.org/penalties \$_____ 15. Administrative Fee if delinquent \$_____ 16. Total Amount Due (Add lines 11 through 15)

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 (go to www.sftreasurer.org, click on Business, then on Business Form Central, then on Power of Attorney Declaration – Form POA-1), and I have examined the foregoing Stadium Operator Admission 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 and 11 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 acknowledge that I am providing information in response to a 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)		TELEPHONE:	
			Revised 06/26/2024

City Hall Room 140 1 Dr. Carlton B. Goodlett Place | San Francisco, CA 94102 **Mailing Address** P.O. Box 7425 | San Francisco, CA 94120-7425
 Taxpayer's Assistance Call 311

 (415) 701-2311 outside of SF | sftreasurer.org