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## STADIUM OPERATOR ADMISSION TAX MONTHLY STATEMENT

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

BUSINESS ACCOUNT NUMBER	OPERATOR NAME	PERIOD COVERED (MONTH/YEAR)

**DUE DATE – 6<sup>th</sup> DAY OF FOLLOWING MONTH\***

1.	Number of Complimentary Tickets Issued						
2.	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)	\$			,		. <input type="text"/>
5.	Number of Tickets Sold (price/value between \$2.02 and \$25.01)						
6.	Tax Due (\$0.75 x line 5)	\$			,		. <input type="text"/>
7.	Number of Tickets Sold (price/value between \$25.02 and \$25.49)						
8.	Tax Due (\$1.75 x line 7)	\$			,		. <input type="text"/>
9.	Number of Tickets Sold (price/value of \$25.50 or more)						
10.	Tax Due (\$2.25 x line 9)	\$			,		. <input type="text"/>
11.	Add Lines 4, 6, 8, and 10	\$			,		. <input type="text"/>
12.	Late Filing Penalty: Add \$100.00 if delinquent	\$			,		. <input type="text"/>
13.	Late Payment Penalty: <a href="https://sftreasurer.org/business-tax-penalties-and-interest">https://sftreasurer.org/business-tax-penalties-and-interest</a>	\$			,		. <input type="text"/>
14.	Interest: Multiply Line 11 by 1% per month if delinquent	\$			,		. <input type="text"/>
15.	Administrative Fee (\$55.00) if delinquent	\$			,		. <input type="text"/>
16.	<b>Total Amount Due (Add lines 11 through 15)</b>	\$			,		. <input type="text"/>

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](http://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 am required by law to complete this form in its entirety and understand this statement is subject to audit.

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **BUSINESS TELEPHONE** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

\*If the due date falls on a weekend or holiday, it is due the next business day