



Business Account Number: _____

Name (Registered Ownership/Entity Name): _____

Trade Name / DBA: _____

UPDATES - OTHER CHANGES



USE THIS FORM FOR THE FOLLOWING:

- Change / correct business start date or closure date
- Tax ID / SSN correction
- Change/correct ownership name
- Minor corrections to existing Trade Name / DBA
- Minor corrections to existing location address



DO NOT USE THIS FORM if you are no longer conducting business in San Francisco or if there has been a change in ownership or ownership type. You can close your account online at sftreasurer.org/accountupdate, use the form "Declaration of Closed Business" available at City Hall in Room 140, or by calling Taxpayer Assistance at (415) 701-2311.

Select update request:

- Change / correct business start date or closure date**

Corrected business start date (no future date): _____
(MM/DD/YYYY)

Corrected business closure date (no future date): _____
(MM/DD/YYYY)

- Tax ID / SSN correction**

This section is for minor correction only. If the business is changing Tax ID or SSN, please contact Office of the Treasurer & Tax Collector Office for assistance.

A copy of a letter from the IRS or SSN card is **required as supporting documentation*

Corrected Tax ID / SSN: _____

- Change / correct ownership name**

supporting documentations are **required, such as Article of Incorporation and letter from the IRS*

Current Ownership Name: _____

Corrected Ownership Name: _____

- Tax ID or SSN remains the same** If different, please contact Office of the Treasurer & Tax Collector for assistance.

THIS FORM MUST BE SIGNED AND DATED ON THE REVERSE SIDE ←

(If this form is not signed by an authorized representative of the business, it will be rejected)

Business Account Number: _____

UPDATES - OTHER CHANGES (Continued)

Select update request:

Minor corrections to existing Trade Names

Complete this section to request minor corrections to existing Trade Names. For example, spelling or punctuation corrections.

Current Trade Name/DBA: _____

Corrected Trade Name/DBA: _____

Minor corrections to existing Location Address

Complete this section to request minor corrections to location address. For example, spelling corrections.

Current Location Address: _____

Corrected Location Address: _____

Other changes (please describe)

Declaration

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, 12-A, 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: _____ NAME AND TITLE: _____

DATE: _____ COMPANY: _____
(MM/DD/YYYY)

EMAIL: _____ TELEPHONE: _____

Submit completed and signed form to: Office of the Treasurer & Tax Collector, PO Box 7425, San Francisco, CA 94120-7425

FOR OFFICE USE ONLY: Staff Initials: _____ Date Processed: _____