



Office of the Treasurer & Tax Collector
City & County of San Francisco
Business Tax Section
P.O. Box 7425, San Francisco, CA 94120-7425

**Annual Parking Tax Statement
for Small Operators**

BAN	LIN	PERIOD COVERED	DUE DATE	DELINQUENT DATE
		01-01-2023 – 12-31-2023	01-31-2024*	02-01-2024
			PARKING STATION LOCATION	

1.	Gross rent for Parking for this location, including 25% parking tax		\$
2.	Exemptions:	2A. Residential parking on same residential premises	\$
		2B. Government parking paid only by government	\$
		2C. Bank/Insurance company parking paid only by company	\$
		2D. Other, please specify: _____	\$
3.	Total exemptions: Add Lines 2A + 2B + 2C + 2D		\$
4.	Taxable parking collections: Subtract Line 3 from Line 1		\$
5.	Parking tax due: Multiply Line 4 by rate factor of 0.20		\$
6.	Late filing penalty: If filing after deadline, add \$100		\$
7.	Late payment penalty: https://sftreasurer.org/business-tax-penalties-and-interest		\$
8.	Interest: Multiply Line 5 by 1% per month if delinquent		\$
9.	Administrative Fee: If filed or paid after the due date, add \$55		\$
10.	Total Payment Due: Add Lines 5 through 9. Make check payable to the SF Tax Collector		\$

I certify that I am in compliance with all provisions of the Business and Tax Regulations Code regarding the rental of space in a parking station, including the Revenue Control Equipment requirements in Article 22, Section 2207. I certify that total gross receipts from the rental of parking space(s) does not exceed \$40,000 annually, or \$250,000 combined for all locations, during this reporting period.

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, and I have examined the foregoing Parking 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, 9 and 22 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: _____

TITLE _____

EMAIL ADDRESS: _____

BUSINESS TELEPHONE # (____) _____ - _____

FORM MUST BE COMPLETED AND SIGNED TO BE VALID

IMPORTANT REMINDERS:

- Please print neatly or type using black ink.
- Remit amount in full and file form by due date listed above to avoid penalties, interest and fees.
- Form must be completed and signed to be valid.
- Fill out one sheet per parking station location.
- * Please note, if January 31st falls on a weekend or legal holiday, the due date is the next business day.

PAYMENT OPTIONS**By Mail**

Make check payable to "San Francisco Tax Collector" and mail to: San Francisco Tax Collector, P.O. Box 7425, San Francisco, CA 94120-7425. Include your Business Account Number on your check.

If a check is not honored by the bank, the tax payment is null and void, and a \$50 returned check fee will be charged in addition to penalties, interest and other fees if not timely paid in full.

CHANGE IN OWNERSHIP OR CLOSURE OF BUSINESS

If your business has closed, or there has been a change in ownership, update your business account online using the following link: <https://www.sftreasurer.org/business-account-update>

If you have questions or need further assistance, you may submit your question electronically at: <https://www.sftreasurer.org/help-center>