

Office of the Treasurer & Tax Collector

City and County of San Francisco

P.O. Box 7425

San Francisco, CA 94120-7425

www.sftreasurer.org



**Transient Occupancy Tax,
Tourism Improvement District &
Moscone Expansion District
Monthly Statement**

Business Account Number		Monthly TOT/TID/MED Statement	
Location Identification Number		Filing Start Date	
Statement Date			

Transient Occupancy Tax (TOT) Statement

1A. Gross Rent for Occupancy		
1B. Parking charges paid by registered guests included in Line 1A		
Exemptions	2A. Rent for Occupancy by Permanent Residents	
	2B. Rent for Occupancy by Exempt Corporations or Associations	
	2C. Rent for Occupancy where charge is less than \$52/Day or \$130/Week (as of October 1, 2019). Prior periods: less than \$40/Day or \$100/Week	
	2D. Rent for Occupancy by Government Employees on Official Business	
3. Total Exemptions (total of Lines 2A, 2B, 2C, 2D)		
4. Taxable Rent (Line 1A minus Line 3)		
5. Transient Occupancy Tax Due (14% of Line 4)		
Additional Charges if Delinquent: https://sftreasurer.org/business-tax-penalties-and-interest	6A. Late Filing Penalty	
	6B. Late Payment Penalty	
	6C. Interest	
	6D. Administrative Fee	
7. Total Payment Due (total of Lines 5, 6A, 6B, 6C, 6D)		

Daily Room Statistical Reporting

Average Number of Transient Rooms		Average Number of Permanent Rooms	
Average Daily Transient Rate		Average Daily Permanent Rate	
Average Daily Transient Occupancy Rate		%	

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Tourism Improvement District (TID) Statement

1A. Charges for Guest Rooms as per the TID Management District Plan		
1B. Charges for Additional Guests as per the TID Management District Plan		
1C. Charges for Guaranteeing Room Availability as per the TID Management District Plan		
2. Total Charges for Guest Rooms (sum of Lines 1A, 1B and 1C)		
Exclusions	3A. Revenue from Occupancy by Permanent Residents (from Line 2A on TOT form)	
	3B. Revenue from Occupancy by Airline Crews (not included in Line 3A above)	
4. Total Exclusions (sum of Lines 3A and 3B)		
5. Total TID Revenue from Guest Rooms (Line 2 minus Line 4)		
6. If Hotel is in Zone 1 – Line 5 is multiplied by 1%. If Hotel is in Zone 2 – Line 5 is multiplied by 0.75%		
Additional Charges if Delinquent: https://sftreasurer.org/business-tax-penalties-and-interest	7A. Late Filing Penalty	
	7B. Late Payment Penalty	
	7C. Interest	
8. Total Payment Due (sum of Lines 6, 7A, 7B, 7C)		

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Statement Date			

Moscone Expansion District (MED) Statement

1A. Charges for Guest Rooms as per the MED Management District Plan (from Line 1A on TID form)		
1B. Charges for Additional Guests as per the MED Management District Plan (from Line 1B of TID form)		
1C. Charges for Guaranteeing Room Availability as per the MED Management District Plan (from Line 1C of TID form)		
2. Total Charges for Guest Rooms (sum of Lines 1A, 1B and 1C)		
Exclusions	3A. Rent for Occupancy by Permanent Residents (from Line 2A on TOT form)	
	3B. Revenue from Occupancy by Airline Crews not included in Line 5 above (from Line 3B on TID form)	
	3C. Rent for Occupancy where charge is less than \$52/Day or \$130/Week (as of October 1, 2019). Prior periods: less than \$40/Day or \$100/Week (from Line 2C of TOT form)	
	3D. Revenue from Youth Hostels owned and operated exclusively by and for non-profit entities	
4. Total Exclusions (sum of Lines 3A, 3B, 3C and 3D)		
5. Total MED Revenue from Guest Rooms (Line 2 minus Line 4)		
6. If Hotel is in Zone 1 – Line 5 is multiplied by 1.25%. If Hotel is in Zone 2 – Line 5 is multiplied by 0.3125%		
Additional Charges if Delinquent: https://sftreasurer.org/business-tax-penalties-and-interest	7A. Late Filing Penalty	
	7B. Late Payment Penalty	
	7C. Interest	
8. Total Payment Due (sum of Lines 6, 7A, 7B, 7C)		

Preparer Statement

I certify under penalty of perjury that I am the operator/assessee (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with the authority to bind the operator/assessee), or an agent of the operator/assessee authorized to sign this form on behalf of the operator/assessee pursuant to a validly executed Power of Attorney, and I have examined the foregoing tax and assessment statements 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 7 of the San Francisco Business and Tax Regulations Code, the San Francisco Tourism Improvement District Management District Plan, and the Moscone Expansion District Management District Plan. 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.

Preparer:

Signature: _____ Phone: _____

Name: _____ Email: _____

Title: _____

Payment 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 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.