



Treasurer & Tax Collector
CITY AND COUNTY OF SAN FRANCISCO

José Cisneros
TREASURER

Business Account Number: _____

Stadium Used: _____ Event Date(s): _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

ST - STADIUM OPERATOR ADMISSION TAX STATEMENT -SPECIAL EVENT

Filing and payment is due within five days after the completion of the event.

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

- 1. Number of Tickets Sold (price/value between \$2.02 and \$25.01)
2. Tax Due (\$0.75 x line 1)
3. Number of Tickets Sold (price/value between \$25.02 and \$25.49)
4. Tax Due (\$1.75 x line 3)
5. Number of Tickets Sold (price/value of \$25.50 or more)
6. Tax Due (\$2.25 x line 5)
7. Add Lines 2, 4, and 6
8. Deposit Made (if any)
9. Statement Subtotal (line 7 minus line 8)
10. Late Filing Penalty
11. Late Payment Penalty
12. Interest
13. Administrative Fee, if delinquent
14. Total Amount Due (Add lines 9 through 13)

Additional Charges if Delinquent:
sftreasurer.org/penalties

Number of complimentary tickets issued: _____

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 am required by law to complete this form in its entirety and understand this statement is subject to audit.

SIGNATURE: _____ NAME AND TITLE: _____

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

EMAIL: _____ TELEPHONE: _____