



Business Account Number: \_\_\_\_\_ Location Identification Number: \_\_\_\_\_

Location Address: \_\_\_\_\_ Filing Period: \_\_\_\_\_

### PARKING TAX MONTHLY RETURN

Enter parking collections and any exemptions claimed for this location. If nothing was collected, enter zero. Lines marked with an asterisk (\*) are required.

#### Collections

- 1. Total monthly parking collections for this Location, including parking tax\* \$ \_\_\_\_\_
- 2. Residential parking on the same residential premises \$ \_\_\_\_\_
- 3. Government parking paid only by government \$ \_\_\_\_\_
- Exemptions
- 4. Bank or insurance company parking paid only by the bank or insurance company \$ \_\_\_\_\_
- 5. City-owned lots where parking tax is remitted by the City agency \$ \_\_\_\_\_
- 6. Other \$ \_\_\_\_\_

#### Calculations

- 7. Total Collections (from Line 1) \$ \_\_\_\_\_
- 8. Total Exemptions (Line 2 + Line 3 + Line 4 + Line 5 + Line 6) \$ \_\_\_\_\_
- 9. Taxable Parking Collections, including Parking Tax (Line 7 - Line 8) \$ \_\_\_\_\_
- 10. Parking Tax Due (Line 9 x 20%) \$ \_\_\_\_\_
- Additional Charges if Delinquent: [sftreasurer.org/business-tax-penalties-and-interest](http://sftreasurer.org/business-tax-penalties-and-interest)
- 11A. Late Filing Penalty \$ \_\_\_\_\_
- 11B. Late Payment Penalty \$ \_\_\_\_\_
- 11C. Interest \$ \_\_\_\_\_
- 11D. Administrative Fee \$ \_\_\_\_\_
- 12. Total Parking Tax Payment Due (Line 10 + Line 11A + Line 11B + Line 11C + Line 11D) \$ \_\_\_\_\_

(Continue on the next page for Preparer Statement)

Business Account Number: \_\_\_\_\_ Location Identification Number: \_\_\_\_\_

Location Address: \_\_\_\_\_ Filing Period: \_\_\_\_\_

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### 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, 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.*

SIGNATURE: \_\_\_\_\_ NAME AND TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
(MM/DD/YYYY)

EMAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

### 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.

Revised 2/10/2025