



# TOT, TID, MED ANNUAL STATEMENT

Business Tax Section  
 P.O. Box 7425  
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 www.sftreasurer.org

CITY & COUNTY OF SAN FRANCISCO – OFFICE OF THE TREASURER & TAX COLLECTOR  
 JOSÉ CISNEROS, TREASURER DAVID AUGUSTINE, TAX COLLECTOR

<b>YEAR:</b>	<b>BUSINESS ACCOUNT NUMBER:</b> _____	<b>Due Date:</b>
	<b>LOCATION IDENTIFICATION NUMBER:</b> _____ - _____ - _____	

NAME:  
 ADDRESS:  
 CITY, STATE, ZIP

## Transient Occupancy Tax (TOT) Statement

1. Gross Rent from Occupancy	\$		,		.	
<b>Exemptions:</b>						
2. A Rent for Occupancy by Permanent Residents	\$		,		.	
B Rent for Occupancy by Government Employees on Official Business	\$		,		.	
C Rent for Occupancy by Exempt Corporations or Associations	\$		,		.	
D Rent for Occupancy where Charge is Less than \$40/Day or \$100/Week	\$		,		.	
3. Total Exemptions: Lines 2A + 2B + 2C + 2D	\$		,		.	
4. Taxable Rent: Line 1 - Line 3	\$		,		.	
5. Transient Occupancy Tax Due: Line 4 x 14%	\$		,		.	
6. A Late Filing Penalty: Add \$100.00 if delinquent	\$		,		.	
B Late Payment Penalty: If delinquent, multiply Line 5 by 5% per month up to 20%, plus an additional 20% on the first day of the 4th month	\$		,		.	
C Interest: Multiply Line 5 by 1% per month if delinquent	\$		,		.	
D Administrative Fee: If filed or paid after the due date, add \$55.00	\$		,		.	
7. Total TOT Due: Lines 5 + 6A + 6B + 6C + 6D	\$		,		.	

## Tourism Improvement District (TID) Statement

8. A Charges for Guest Rooms as per the TID Management District Plan	\$		,		.	
B Charges for Additional Guests as per the TID Management District Plan	\$		,		.	
C Charges for Guaranteeing Room Availability as per the TID Management District Plan	\$		,		.	
9. Total Charges for Guest Rooms: Lines 8A + 8B + 8C	\$		,		.	
<b>Exclusions:</b>						
10. A Revenue from Occupancy by Permanent Residents (same as Line 2A above)	\$		,		.	
B Revenue from Occupancy by Airline Crews (not included in Line 10A above)	\$		,		.	
11. Total Exclusions: Lines 10A + 10B	\$		,		.	
12. Total Rent subject to TID Assessment: Line 9 - Line 11	\$		,		.	
13. TID Assessment Due: If in Zone 1 multiply Line 12 by 1%. If in Zone 2 multiply Line 12 by 0.75%	\$		,		.	
14. A Late Filing Penalty: Add \$100.00 if delinquent	\$		,		.	
B Late Payment Penalty: If delinquent, multiply Line 13 by 5% per month up to 20%, plus an additional 20% on the first day of the 4th month	\$		,		.	
C Interest: Multiply Line 13 by 1% per month if delinquent	\$		,		.	
15. Total TID Due: Lines 13 + 14A + 14B + 14C	\$		,		.	

**Moscone Expansion District (MED) Statement**

16. A	Charges for Guest Rooms as per the MED Management District Plan	\$		,		.	
B	Charges for Additional Guests as per the MED Management District Plan	\$		,		.	
C	Charges for Guaranteeing Room Availability as per the MED Management District Plan	\$		,		.	
17.	Total Charges for Guest Rooms: Lines 16A + 16B + 16C	\$		,		.	
<b>Exclusions:</b>							
18. A	Rent for Occupancy by Permanent Residents (same as Line 2A above)	\$		,		.	
B	Revenue from Occupancy by Airline Crews (same as Line 10B above)	\$		,		.	
C	Rent for Occupancy where Charge is Less than \$40/Day or \$100/week	\$		,		.	
D	Revenue from Youth Hostels Owned and Operated Exclusively by and for Non-profit Entities	\$		,		.	
19.	Total Exclusions: Lines 18A + 18B + 18C + 18D	\$		,		.	
20.	Total Rent subject to MED Assessment: Line 17 - Line 19	\$		,		.	
21.	MED Assessment Due: If in Zone 1 multiple Line 20 by 1.25%. If in Zone 2 multiply Line 20 by 0.3125%	\$		,		.	
22. A	Late Filing Penalty: Add \$100.00 if delinquent	\$		,		.	
B	Late Payment Penalty: If delinquent, multiply Line 21 by 5% per month up to 20%, plus an additional 20% on the first day of the 4th month	\$		,		.	
C	Interest: Multiply Line 21 by 1% per month if delinquent	\$		,		.	
23.	MED Assessment Due: Lines 21+ 22A + 22B + 22C	\$		,		.	

**Total Amount Due:**

Transient Occupancy Tax: Enter Line 7	\$		,		.	
TID Assessment: Enter Line 15	\$		,		.	
MED Assessment: Enter Line 23	\$		,		.	
Total Amount Due = Line 7 + Line 15 + Line 23	\$		,		.	

**Preparer Statement**

By submitting this document, 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.