



Business Tax Section, Account Services

Update Short Term Residential Rental Information

Business Name: _____ Business Account Number: _____

Complete this form to make updates to your short term residential rental.

For information regarding short term residential rental, go to: <http://sftreasurer.org/short-term-host>

To update your business account information including the business contact information, add or close a location, or close your business, go to: <http://sftreasurer.org/account-update>

Short Term Residential Rental Information:

Location identification number: _____ Location name: _____

Effective date for the applicable tax (no future date): _____ [or effective date for the short term residential rental]

End date for the tax if no longer applicable: _____ [or End date for the short term residential rental]

Short Term Residential Rental Tax Information Category

Airbnb, Hostwell, and Misterb&b are Qualified Website Companies (QWC), designated by the Tax Collector to collect and remit Transient Occupancy Taxes (TOT) on behalf of hosts using their platforms. Select the category that applies to your business.

- All rent is received through QWC(s).
- Some rent is received through QWC(s), and some rent is received through other methods.
- No rent is received through QWC.

Select the Companies you work with:

- Airbnb
- Hostwell
- Misterb&b

Short Term Residential Rental: Filing and Payment Frequency

If your gross receipts from rental income is \$250,000 or less for all locations, and no location has rental income greater than \$40,000, you meet the criteria to be a Small Operator and may file and pay annually. Select the appropriate description of your business below:

- Your business meets the Small Operator criteria, and you will file and pay annually.
- Your business meets the Small Operator criteria, but you will file and pay monthly.
- Your business does not meet the Small Operator criteria. You will file and pay monthly.

Declaration

I certify under penalty of perjury that I am the taxpayer (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with the authority to bind the taxpayer), or an agent of the taxpayer authorized to sign this form on behalf of the taxpayer pursuant to a validly executed Power of Attorney, and I have examined the foregoing, 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 the San Francisco Business and Tax Regulations Code.

Name & Title: _____ Signature: _____

Date: _____ Telephone: _____ Email Address: _____