



**REQUEST FOR EXTENSION TO FILE
 2018 ANNUAL BUSINESS TAX RETURN**

To qualify for a 60-day extension to file your 2018 Annual Business Tax Return, you must complete and submit this request AND pay 100% of your total tax liability on or before February 28, 2019. If you fail to make the required 100% payment your request will be automatically denied, and you will be subject to penalties, interest, and other fees if you fail to file and pay by February 28, 2019.

For Tax Year 2018, taxpayers granted a 60-day extension must file their Return by April 29, 2019. Submit your extension request and conditional payment of at least 100% of your tax liability by February 28, 2019 to avoid penalties and fees. If you will qualify for a small business exemption for both taxes, then you do not need to submit payment. The Tax Collector may use the filing information from your annual Return to establish the estimated tax liability to approve or deny your extension request.

Taxpayers may use the table below to calculate the amount of the conditional payment for the extension. **Unpaid taxes will be subject to penalties, interest, and administrative fees.**

		Payroll Expense Tax	Gross Receipts Tax
1.	2018 Tax Liability	\$	\$
2.	Quarterly Installment Payments		
3.	Conditional Payment (line 1 minus line 2)		

7-digit Business Account Number: _____ Business Name: _____

Please send this request and a check (if required) payable to the **SAN FRANCISCO TAX COLLECTOR, U.S.P.S.** postmarked on or before February 28, 2019 to: Office of the Treasurer & Tax Collector, City and County of San Francisco, Business Tax Section, P.O. Box 7425, San Francisco, CA 94120-7425. Include your business account number on all checks and correspondence.

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, (form located at www.sftreasurer.org) and I have examined the foregoing business tax form 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, 12, 12-A, and 12-A-1 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: _____

Title: _____

Phone: _____

Email: _____