

**TRANSFER TAX BOARD OF REVIEW
CITY AND COUNTY OF SAN FRANCISCO**

Office of the Controller
1 Dr. Carlton B. Goodlett Place, Room 316
San Francisco, CA 94102

PETITION TO REVIEW TRANSFER TAX DETERMINATION

Pursuant to Section 1115.2 of the San Francisco Business and Tax Regulations Code, this petition is hereby submitted to the Transfer Tax Review Board for review of the County Recorder's decision with respect to Documentary Transfer Tax.

1. This appeal is for: (CHECK ONE)

- ☐ A DETERMINATION OF TAX MADE PRIOR TO RECORDING A DOCUMENT
- ☐ A DETERMINATION OF DELINQUENT TAXES

2. Petitioner's Name: _____

Petitioner's Address:

Street Address

City, State, Zip Code

2 (a). Representative's Name (if any): _____

Representative's Address:

Street Address

City, State, Zip Code

3. Description of Property

Property Address: _____

Block and Lot Number: _____

Recorder Document Number: _____

4. Amount of Transfer Tax Paid: \$ _____

5. Petitioner's Opinion of the correct amount of Documentary Transfer Tax and/or penalty on the transaction: \$ _____

6. This Appeal is based on the following facts:

(Attach additional sheets, if necessary.)

I declare under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. The undersigned is the taxpayer or other person determined to be liable for the tax or said person's guardian or conservator. I am not an agent or the taxpayer's attorney.

Date: _____

Petitioner/Representative's Signature: _____