

Employer Annual Reporting Form Instructions

Reporting Deadline

All Employers covered by the Health Care Security Ordinance and/or the Fair Chance Ordinance are required to submit the 2025 Employer Annual Reporting Form by May 1, 2026.

Covered Employers who fail to submit the Employer Annual Reporting Form by the deadline may be subject to a penalty of \$500 per quarter.

Before You Begin

You are not required to submit the 2025 Employer Annual Reporting Form if:

- You employed fewer than 5 persons (including those employed outside of San Francisco) in each of the four calendar quarters of 2025, and you do not have a contract with the City and County of San Francisco; **or**
- You had no employees within the geographic boundaries of San Francisco (including employees working from home in San Francisco) in any quarter of 2025.

You do not need to notify the City that you are not required to submit the Form; no further action is required. If you received a mailing saying that you might be required to submit the Employer Annual Reporting Form, you do not need to request removal from the mailing list. The City is aware that some entities on the list may not be covered by these laws and may not be required to submit this form.

The list was based on information you provided in your last tax filing or business registration with the SF Treasurer and Tax Collector's Office. You can update your Business Account Information with the San Francisco Treasurer and Tax Collector's Office online here: [Manage Your Business | Treasurer & Tax Collector \(sftreasurer.org\)](https://www.sftreasurer.org/ManageYourBusiness)

Please read these instructions before you begin. Note that once you have begun the Annual Reporting Form online, you will not be able to save it and return to it later.

You may want to download a  [PDF Preview](#) of the 2025 Employer Annual Reporting Form so you can review and print out the questions before you start the form.

To complete the 2025 Employer Annual Reporting Form, you will need information on:

- Your seven-digit Business Account Number from the San Francisco Treasurer and Tax Collector. You will NOT be able to file the Annual Reporting Form unless you have a valid Business Account Number. If you do not have a Business Account Number, please visit the [website of the Office of the Treasurer and Tax Collector](#) to register your business. You must obtain a register your business and obtain a Business Account Number before completing the Employer Annual Reporting Form. OLSE does not have your Business Account Number.

- The total number of persons performing work for compensation (including those outside of San Francisco) for each quarter within specific ranges (0-4, 5-19, 20-49, 50-99, 100+);
- The number of employees covered by the Health Care Security Ordinance for each quarter;
- Total health care expenditures made for each quarter of 2025, including:
 - Total payments for health insurance (medical, dental, vision as well as Taft-Hartley plan contributions);
 - Total contributions to the SF City Option (SF Covered MRAs, Healthy San Francisco and SF MRAs);
 - Total spending on other irrevocable health care expenditures, such as employer contributions to Health Savings Accounts.
- Surcharges collected from customers to cover, in whole or in part, the cost of complying with the HCSO.
- Compliance with the [Fair Chance Ordinance](#), including how arrest and conviction history information was used in hiring.

Tips for Completing the Annual Reporting Form

- **Once you have begun the Annual Reporting Form online, you will not be able to save it and return to it later.** You may want to download a  [PDF Preview](#) and gather all required information before you begin.
- **Use the buttons at the bottom of the form to navigate forward and backwards. Do not use the back button in your internet browser - you may lose the answers on prior tabs.**
- **Do not submit two separate 2025 Employer Annual Reporting Forms using the same San Francisco Business Account Number unless you are submitting a correction.** If multiple businesses or locations share the same Business Account Number, please combine the relevant data into a single Annual Reporting Form. If multiple forms are submitted for the same account number, the City will use only the most recent submission.
- If you are filing on behalf of multiple entities in a "controlled group of corporations" with common ownership, and each entity has a separate San Francisco Business Account Number, you can choose to file separate forms for each entity. Alternately, you can choose to aggregate the information for all of the entities into a single submission (see the "Business Type" section below).
- Do not enter commas in numeric fields. Please enter zeroes where appropriate. Enter all dollar amounts in whole dollars; do not include cents.
- You may report multiple types of health care expenditures for each employee. For example, if you paid health insurance premiums and also paid into the SF City Option for a particular employee, you enter the **total** amount spent for that person on the HCSO Reporting page.
- Employees who worked for you throughout the year should be counted in each quarter.
- Fill out the form completely.
- If you cannot access the online form, please call (415) 554-7892.

Introductory Questions

The form can only be completed and submitted in the continental United States

These questions will help you determine whether you need to complete the 2025 Employer Annual Reporting Form. If you answer these questions accurately and you are not required to

complete the form, you will be directed to a web page notifying you that you do not need to continue.

1. Did any employees work in San Francisco for an average of 8 hours per week or more (104 hours per quarter) during any quarter of 2025? Include employees who worked from home in San Francisco.

Select "Yes" if any employee worked inside the geographic boundaries of the City and County of San Francisco for an average of 8 hours per week during any quarter of 2025. An average of 8 hours per week is equivalent to a total of 104 hours for the 13 weeks in a quarter.

You should select "Yes" even if your business's/organization's offices are outside of San Francisco but your employee(s) worked in San Francisco.

If you have employees who work some hours in San Francisco and some outside of San Francisco, calculate whether their time in San Francisco was an average of 8 hours per week in any quarter.

2) How many workers did the employer have performing work in 2025? Include all workers worldwide.

Include all individuals who performed work for compensation for your business regardless of whether they worked inside or outside of San Francisco. Indicate the size of the business in each quarter.

In reporting business size, include all individuals who performed work for compensation, regardless of their status or classification as seasonal, permanent or temporary, managers, full-time or part-time, contracted (whether employed directly by the employer or through a temporary staffing agency, leasing company, professional employer organization, or other entity) or commissioned. Include owners who performed work for compensation in the count.

If the number of people who performed work for compensation for your business fluctuated during, follow these instructions:

- Review the number of people who performed work for compensation in each week of the year.
- Average the number of workers per week across the 13 weeks of each calendar quarter. For example, if the employer had 18 workers for the first 10 weeks of a quarter and 22 workers for the last 3 weeks of a quarter, the average for that quarter would be 18.92 workers.

$$((18 \text{ workers} \times 10 \text{ weeks}) + (22 \text{ workers} \times 3 \text{ weeks})) / 13 \text{ weeks} = 18.92 \text{ average}$$

- For this question, **answer based on the quarter with the highest average number of workers.** For example, if the employer had an average of 19 workers for quarter 1, quarter 2, and quarter 3, and an average of 24 workers for quarter 4, select the answer **"20-49."**

3) Did the employer have a contract to perform work for the City and County of San Francisco during 2025?

Check yes if any the organization/business held a contract with the City and County of San Francisco for work performed during 2025.

4) *Is the employer a for-profit or a non-profit entity?*

Answer "non-profit" only if the employer is a non-profit entity under federal law, such as a 501c (3).

Business Account Number

Please enter your **seven-digit** San Francisco Business Account Number and click "Validate." If you don't hit "Validate," the form will not progress.

This number can be found on the Business Registration Certificate(s) issued by the San Francisco Treasurer & Tax Collector. You can also find your Business Registration Certificate Number by searching the [San Francisco Data website](#) . Use the "**Find in this Dataset**" **search box** at the top right of the page.

Please note:

- **If your Business Account Number is only six digits, add a zero to the beginning of the number.**
- If you do not have a Business Account Number, please visit the [website of the Office of the Treasurer and Tax Collector](#) to register your business **as soon as possible**. You must obtain a register your business and obtain a Business Account Number before completing the Employer Annual Reporting Form. OLSE does not have your Business Account Number, and OLSE cannot grant extensions for completing the Form because a business has not yet obtained one.
- If you are submitting aggregated information for a controlled group of multiple entities, enter the Business Account Number for any one of those entities.

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Name and Address

For the **Business dba Name**, please fill in the trade name (dba) if different than the registered "Ownership Name" of the business.

For the address, please fill in the business address you would like us to use if we have questions regarding your 2025 Employer Annual Reporting Form.

Note that entering your current address your address here will not change it with the San Francisco Treasurer and Tax Collector's Office. You will still need to notify the Treasurer & Tax Collector of the change. You can make changes to your registration with the Treasurer and Tax Collector's Office here: [Manage Your Business | Treasurer & Tax Collector \(sftreasurer.org\)](#).

Business Type

Check the "nonprofit" check box if you are submitting the form on behalf of an IRS-recognized nonprofit organization, such as a 501(c)3.

Check the "control group" check box if you are submitting the form on behalf of more than one entity in the same controlled group of corporations. A "controlled group of corporations" is as a combination of two or more corporations that are under common control as defined in Section 1563(a) of the United States Internal Revenue Code.

If you checked the "control group" box, enter the Business Account Numbers for the entities in the controlled group of corporations other than the one entered previously. This will allow OLSE confirm that the required forms have been submitted for all of the included Business Account Numbers.

Business Size

Include all persons who performed work for compensation for your business regardless of whether they worked inside or outside of San Francisco. Indicate the size of the business in each quarter, based on the ranges provided.

In reporting business size, include all persons who performed work for compensation, regardless of their status or classification as seasonal, permanent or temporary, managers, full-time or part-time, contracted (whether employed directly by the employer or through a temporary staffing agency, leasing company, professional employer organization, or other entity) or commissioned. Include owners who performed work for compensation in the count.

If the number of people who performed work for compensation for your business fluctuated during a quarter, follow these instructions:

- Review the number of people who performed work for compensation in each week of the quarter
- Average the number of workers per week across the 13 weeks of the calendar quarter. For example, if the employer had 18 workers for the first 10 weeks of a quarter and 22 workers for the last 3 weeks of a quarter, the average for that quarter would be 18.92 workers.

$$((18 \text{ workers} \times 10 \text{ weeks}) + (22 \text{ workers} \times 3 \text{ weeks})) / 13 \text{ weeks} = 18.92 \text{ average}$$

- Select an answer for each quarter based on the average for that quarter.

Note that this question asks for you to report on the business size within a range. Your confirmation email for the form will show the highest number in this range. For example, if you report a business size of 50+, the confirmation email will show the business size of 99.

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Covered Employees

Count the total number of persons who were "Covered Employees" under the HCSO during the quarter. Covered Employees are those who:

- Qualified as employees entitled to payment of the San Francisco minimum wage (pursuant to the San Francisco Labor & Employment Code, Article 1);
- Were employed by your business for 90 calendar days after his or her first day of work (including any period of leave to which an employee is legally entitled); and
- **Regularly performed at least 8 hours of work per week for your business within the geographic boundaries of San Francisco.** For an employee who was employed and whose hours fluctuated, count the employee if that person worked 104 hours in the quarter.

Covered Employees may include employees for whom you complied with the HCSO by providing health insurance, paying into the SF City Option, or making other health care expenditures.

Do not include your employees who met any of the following exemption criteria:

- Persons who were managerial, supervisory, or confidential employees **and also** earned at least \$125,405 per year or \$60.29 per hour in 2025.
- Persons who were eligible for Medicare coverage;
- Persons who were eligible for TRICARE (the federal health care program for active duty and retired members of the uniformed services, their families, and survivors);
- Persons who were “covered employees” under the San Francisco Health Care Accountability Ordinance (HCAO), which applies only to City Contractors and lessees (see for more details about HCAO coverage: [Health Care Accountability Ordinance | Office of Labor Standards Enforcement \(sfgov.org\)](#));
- Persons who were employed by a nonprofit corporation for up to one year as trainees in a bona fide training program consistent with federal law; or
- Persons who voluntarily signed a revocable HCSO waiver form demonstrating that they received health care benefits through another employer (either as an employee or by virtue of being the spouse, domestic partner, or child of another person). The form is effective for one year from the date it is signed, or until revoked, and is available at the [HCSO website](#).

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Total Health Care spending:

Enter the total dollar amount spent each quarter on Covered Employees for all types of health care expenditures. You do not need to break down the dollar amount spent on each different type of expenditure—just enter the total and select the types of health care expenditures that were provided to Covered Employees. **Do not enter commas in numeric fields. Please enter zeroes where appropriate. Enter all dollar amounts in whole dollars; do not include cents.**

Health Insurance

Select if the employer spent money on health insurance premiums for Covered Employees. Do not include any insurance premium contributions made by employees. Do not include expenditures for life insurance, workers’ compensation, disability insurance, or FSAs.

Vision Insurance

Select if the employer spent money on vision insurance premiums for Covered Employees. Do not include any insurance premium contributions made by employees. Do not include expenditures for life insurance, workers' compensation, disability insurance, or FSAs.

Dental Insurance

Select if the employer spent money on dental insurance premiums for Covered Employees. Do not include any insurance premium contributions made by employees. Do not include expenditures for life insurance, workers' compensation, disability insurance, or FSAs.

Self-Funded Health Insurance

Since self-funded plans require an annual *hourly* calculation rather than a quarterly calculation, select the box, and enter the hourly amount in "other" (see more information below). Do not include any insurance premium contributions made by employees. Do not include expenditures for life insurance, workers' compensation, disability insurance, or FSAs.

Self-Funded Vision Insurance

Since self-funded plans require an annual *hourly* calculation rather than a quarterly calculation, select the box, and enter the hourly amount in "other" (see more information below). Do not include any insurance premium contributions made by employees. Do not include expenditures for life insurance, workers' compensation, disability insurance, or FSAs.

Self-Funded Dental Insurance

Since self-funded plans require an annual *hourly* calculation rather than a quarterly calculation, select the box, and enter the hourly amount in "other" (see more information below). Do not include any insurance premium contributions made by employees. Do not include expenditures for life insurance, workers' compensation, disability insurance, or FSAs.

San Francisco City Option

Select if the employer made contributions to the SF City Option program on behalf of Covered Employees in 2025. If you cannot access the company's City Option account, please contact employerservices@sfcityoption.org.

Contributions to a Taft Hartley Union fund for Health Insurance

Select if the employer made contributions to a union fund for health insurance. Do not include any insurance premium contributions made by employees. Do not include expenditures for life insurance, workers' compensation, disability insurance, or FSAs.

Health Savings Account

Select if the employer made contributions to Health Savings Accounts (HSAs). If the employer made a lump-sum contribution on behalf of covered employees at the beginning of the calendar year, you may divide that lump sum across the 4 quarters of the year. Do not include any HSA contributions employees made on their own behalf.

Irrevocable HRA

Select if the employer made contributions to irrevocable HRAs. See the definition of an irrevocable HRA here: [F. Revocable & Irrevocable Health Care Expenditures | Office of Labor Standards Enforcement \(sfgov.org\)](#)

Other (describe below)

Describe any other type of health care expenditure not listed here.

Self-Funded Plans: how to count these in the total dollars plus top offs

Since self-funded plans require an annual *hourly* calculation rather than a quarterly calculation (see here: [HCSO Self Funded Instructions for 2025.pdf](#), enter the *hourly* amount that was calculated in February 2023 in “other.” If there are multiple self-funded plans, list the hourly amount for all plans. You may include numbers and text.

Example: “medical plan A \$2.93/hour, medical plan B \$2.05/hour, dental plan \$.15/hr, vision plan \$.05/hour”

Top-off Payments for Self-Insured Plans

If the employer made top-off payments for self-funded plans, the **total** amount spent in top-off payments can be inputted into the Q4 2025 field (in addition to other Q4 2025 expenditures).

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Surcharge

If your company/organization added a surcharge to your customers’ bills to cover, in whole or in part, the cost of complying with the HCSO, select “Yes” and answer the questions that appear below the first question.

If you did not add a surcharge to your customers’ bills to cover the cost of complying with the HCSO, check “No” and continue to the next section.

If your company/organization’s notification to customers (such as menu notification and/or a line item on receipts) described the surcharge as specifically intended for employees’ health care benefits (such as a “Healthy San Francisco surcharge” or an “employee health care surcharge”), report the full amount collected through the surcharge.

If your notification to customers indicated that the surcharge covered health care costs in addition to other costs, such as a charge for “San Francisco Employer Mandates,” report only the portion of surcharge that was collected for health care costs.

Enter the language that you used to notify customers about the surcharge. This may have appeared on your menu, receipts, signs, etc. Examples include “Healthy SF surcharge,” “SF Employer Mandates,” etc.

Do not enter commas in numeric fields. Please enter zeroes where appropriate. Enter all dollar amounts in whole dollars; do not include cents.

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Fair Chance Ordinance Reporting

1) For 2025, include part-time, temporary, seasonal employees, as well as telecommuters who work within the geographic boundaries of San Francisco.

2) For 2025, report on whether your company or organization's employment application for jobs in San Francisco ask about arrest or conviction information. This can include an online application template that is not specific to San Francisco, but that is used by applicants for San Francisco jobs.

3) The Fair Chance Ordinance was amended effective October 1, 2018. Prior to that date, employers could inquire into an applicant's arrest or conviction record after a live interview. As of October 1, 2018, employers could only inquire into arrest or conviction records after making a conditional offer of employment to an applicant.

- For 2025, report on whether the company or organization conducted background checks on conviction and or arrest records before a live interview (including a telephone interview).
- For 2025, report on whether the company or organization conducted background checks on conviction and or arrest records before making a conditional offer of employment.

4) For more information on the types of information that employers may never ask about see the [Fair Chance Ordinance Webpage](#).

5) For 2025, please report on the number of people you hired with a conviction history during 2025.

6) Indicate if your business is not covered by some aspect of the background check provisions of the FCO. This may be the case if:

- a) you are covered by federal or state law that specifies how you are to conduct background checks (such as in financial services industries, schools, etc.); or
- b) your employees provide services to minors, seniors, or disabled individuals, or your employees are drivers.

If yes, select you company/organization's industry.

7) If you did not have to complete the HCSO Report, you will be asked to report the highest number of employees your business had in any quarter. Select from the drop-down option.

Corrections / Resubmissions

If you made a mistake on your Annual Reporting Form, you may re-submit a corrected form. Start a new form at <https://etaxstatement.sfgov.org/OLSE>.

The corrected submission will replace any form submitted previously with the same Business Registration Account Number.

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This notice is intended to provide general information and does not establish policy or offer legal advice regarding the HCSO, Chapter 14 of the San Francisco Administrative Code. If you have any questions about your obligations under the ordinance, please visit www.sfgov.org/olse/hcso, call (415) 554-7892 or email hcso@sfgov.org