

2025 ARF Preview

Introduction Page

Answer these questions to find out if you need to complete a 2025 Employer Annual Reporting Form. The form can only be completed and submitted in the continental United States. [More information](#) ↗

1) Did any employees regularly work in San Francisco in 2025? Include only employees who worked 104 hours or more in a quarter. Include employees who worked from home in San Francisco. [More information](#) ↗

Yes No

2) How many workers did the employer have performing work in 2025? Include all workers worldwide. If the number fluctuated, see the [instructions](#) ↗.

0-4 5-19 20-49 50+

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

Yes No

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

For-profit Non-profit

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Getting Started

Based on your answers to the introductory questions, you must complete the 2025 Employer Annual Reporting Form.

The form is due by Friday, May 1, 2026. Employers who do not submit a form may be subject to a penalty of \$500 per quarter.

Read the [Instructions](#) before you begin. If you need help completing the form, watch the recording of the [2025 Employer Reporting Form Webinar](#).

You will need a San Francisco Business Account Number to complete the form. You can find this number:

- On your Business Registration Certificate issued by the San Francisco Treasurer & Tax Collector.
- On the [San Francisco Data website](#).

If you have not registered with the S.F. Treasurer and Tax Collector's Office, you will need to register before completing this form. [Register here](#).

Enter your 7-digit S.F. Business Account Number and click "Validate". If it has only 6 digits, enter a zero first.

Business Account Number

Validate

Business Name:

Is this your Business?

Continue

Cancel

Do not use your browser back button to navigate between pages.

Name and Address

Business Account Number 1077669
 Registered Ownership Name JMURPHY RESTAURANT GROUP INC

Business DBA Name

Mailing Address 1*

Mailing Address 2

City*

State

Zip*

* Required fields.

Business Type

Select if you are filing on behalf of several entities in the same "control group" or under common control. [More information](#)

Use buttons at the bottom of this form to navigate forward and backwards. Do not use the back button in your internet browser or you may lose your answers.

Health Care Security Ordinance Reporting

Items	1st Quarter January to March 2025	2nd Quarter April to June 2025	3rd Quarter July to September 2025	4th Quarter October to December 2025
Business Size -	<input checked="" type="radio"/> 0-19			
Number of Workers Worldwide	<input type="radio"/> 20-49	<input type="radio"/> 20-49	<input type="radio"/> 20-49	<input type="radio"/> 20-49
More information	<input type="radio"/> 50-99	<input type="radio"/> 50-99	<input type="radio"/> 50-99	<input type="radio"/> 50-99
	<input type="radio"/> 100+	<input type="radio"/> 100+	<input type="radio"/> 100+	<input type="radio"/> 100+
Employees Covered by the HCSO	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
More information				
Total Health Care Spending for Employee Covered by the HCSO in Dollars (ie, 200346 instead of \$200,345.59)	<input type="text" value="Enter Data Here"/>			
More information				

Types of Health Care Spending included in the total above (select all that apply).

If you check any of the Self-Funded options, please enter the hourly amount in the Other field at the bottom.

- Health Insurance (Traditional/Fully Funded)
- Vision (Traditional/Fully Funded)
- Dental (Traditional/Fully Funded)
- Self-Funded Health Insurance
- Self-Funded Vision
- Self-Funded Dental
- San Francisco City Option
- Contributions to a Taft Hartley Union fund for Health Insurance
- Health Savings Account
- Irrevocable HRA
- Other (describe below max 250 characters)

Use buttons at the bottom of this form to navigate forward and backwards. Do not use the back button in your internet browser or you may lose your answers.

Name and Address

Reporting

Surcharge

Fair Chance

Certification

Surcharge

Did you impose a surcharge on your customers at any time in 2025 to cover, in whole or in part, the costs of providing health care and/or complying with the HCSO?

[More information ↗](#)

- Yes** - Please complete the sections below.
- No**

If yes, how much did you collect (in dollars) from your customers in 2025 through this surcharge for employee health care?

Enter Data Here

If yes, please enter the language on your menu, receipts, or customer contracts to identify the surcharge:

Enter Data Here

Limit responses to 500 characters, including spaces and special characters.

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Surcharge

Did you impose a surcharge on your customers at any time in 2025 to cover, in whole or in part, the costs of providing health care and/or complying with the HCSO?

[More information ↗](#)

- Yes**
- No** - You are not required to complete this section. Please click "Next" below to move on to the next section.

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Fair Chance Ordinance Reporting

The San Francisco [Fair Chance Ordinance](#) requires all City Contractors and employers with 5 or more employees to follow strict rules regarding the use of arrest and conviction records in hiring and employment decisions. The law applies to positions that perform 8 hours of work or more in San Francisco.

Employers covered by the law are required to report to the OLSE. [More information](#)

1) In 2025, how many employees did your company hire to work in San Francisco. Please include employees who are telecommuters which means they live in San Francisco.

2) During 2025, did your company's employment application for jobs in San Francisco, including online applications ask about arrest or conviction records?

Yes No

3) In 2025, did your business conduct criminal background checks for any applicants before making a conditional offer of employment?

Yes No

4) The FCO prohibits employers from inquiring about the following at any time:

- An arrest not leading to a conviction, except for unresolved arrests;
- A conviction that is more than 7 years old;
- Participation in a diversion or deferral of judgment program;
- A conviction that has been dismissed, expunged, or otherwise invalidated;
- A conviction in the juvenile justice system;
- An offense other than a felony or misdemeanor, such as an infraction
- A conviction for decriminalized conduct, including the non-commercial use and cultivation of cannabis (as of October 1, 2025)

In 2025, did your company inquire about any of the above?

Yes No

5) In 2025, did you hire anyone with a conviction history?

Yes No Do not know

6) Is your business exempt from any of the FCO's provisions (either because you are required to conduct background checks under state or federal law, or because your employees are drivers or work with children, seniors, or disabled individuals)? [More information](#)

Yes No

Fair Chance Ordinance Resources and Support

Website: <https://sf.gov/fco>

Email: fco@sfgov.org

Fair Chance Ordinance Hotline: (415) 554-5192

Use buttons at the bottom of this form to navigate forward and backwards. Do not use the back button in your internet browser or you may lose your answers.

5) In 2025, did you hire anyone with a conviction history?

Yes No Do not know

If Yes, how many?

6) Is your business exempt from any of the FCO's provisions (either because you are required to conduct background checks under state or federal law, or because your employees are drivers or work with children, seniors, or disabled individuals)? [More information](#)

Yes No

6a) If so, please select the type of jobs for which you are hiring:

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Certification

By submitting this form, I certify that the information on this form is being submitted by the registered owner of the business or a duly authorized representative of the entity. Under the laws of the State of California, I declare under penalty of perjury that I have read the foregoing and that the information being submitted is true, correct, and complete to the best of my knowledge and belief.

Name*

Email* Confirm Email*

Title Telephone *

* Required fields.

This form is public and subject to public disclosure.

Please review all of your answers in all the pages carefully by clicking on the top navigation buttons or the bottom Previous and Next buttons before submitting your Annual Reporting Form. Once you submit the form, a copy will be sent to the email address provided above. Please retain that copy in your records.

Use buttons at the bottom of this form to navigate forward and backwards. Do not use the back button in your internet browser or you may lose your answers.