

ARF Preview

EMPLOYER ANNUAL REPORTING FORM 2022 – HCSO AND FCO (TEST ONLY)

Introduction Page

Answer these questions to find out if you need to complete a 2022 Employer Annual Reporting Form. [More information](#)

1) Did any employees regularly work in San Francisco in 2022? 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 2022? 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 2022?

Yes No

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

For-profit Non-profit

Next

Reset

Getting Started

Based on your answers to the introductory questions, you must complete the 2022 Employer Annual Reporting Form.

The form is due by **Monday, May 1, 2023**. 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, sign up for a [2022 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 [REDACTED]
Registered Name [REDACTED]
Business DBA Name [REDACTED]
Mailing Address 1* [REDACTED]
Mailing Address 2 [REDACTED]
City* SAN FRANCISCO
State CA ▾
Zip* 94105

* Required fields.

If this is a new address, please update your record with the Treasurer and Tax Collector's Office [here](#).

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.

Next

Cancel

Name and Address

Reporting

Surcharge

Fair Chance

Certification

Health Care Security Ordinance Reporting

	1st Quarter January to March 2022	2nd Quarter April to June 2022	3rd Quarter July to September 2022	4th Quarter October to December 2022
Business Size -	<input checked="" type="radio"/> 0-19	<input checked="" type="radio"/> 0-19	<input checked="" type="radio"/> 0-19	<input checked="" type="radio"/> 0-19
Number of Workers	<input type="radio"/> 20-49	<input type="radio"/> 20-49	<input type="radio"/> 20-49	<input type="radio"/> 20-49
Worldwide	<input type="radio"/> 50-99	<input type="radio"/> 50-99	<input type="radio"/> 50-99	<input type="radio"/> 50-99
More information	<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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

Previous

Next

Cancel

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Name and Address

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Surcharge

Did you impose a surcharge on your customers at any time in 2022 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 2022 through this surcharge for employee health care?

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

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.

Previous

Next

Cancel

Surcharge

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[More information](#)

Yes

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

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.

Previous

Next

Cancel

Name and Address

Reporting

Surcharge

Fair Chance

Certification

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) How many employees did your company hire to work in San Francisco during 2022 (including telecommuters working in San Francisco)?

0

2) During 2022, did your company's employment application for jobs in San Francisco, including online applications, ask about arrest or conviction records?

Yes No

3) In 2022, 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, 2022)

Did your company inquire about any the above in 2022?

Yes No

5) Did you hire anyone with a conviction history during 2022?

Yes No Do not know

If Yes, how many? 0

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:

- Financial Services
- Financial Services
- Care for Children, Seniors, or Disabled Individuals
- Driving and transportation
- Other

Fair Chance Ordinance Resources and Support

Website: www.sfgov.org/olse/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.

Previous

Next

Cancel

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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.

Previous

Next

Cancel

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*	<input type="text"/>		
Email*	<input type="text"/>	Confirm Email*	<input type="text"/>
Title	<input type="text"/>	Telephone *	<input type="text"/>

* 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.

Previous

Submit

Cancel