

## Introduction Page

Answer these questions to find out if you need to complete a 2021 Employer Annual Reporting Form. [More information](#)

1) Did any employees regularly work in San Francisco in 2021? 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 2021? 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 2021?

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 2021 Employer Annual Reporting Form.

The form is due by Monday, May 2, 2022. 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 [2021 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	<input type="text"/>
Registered Ownership Name	<input type="text"/>
Business DBA Name	<input type="text"/>
Mailing Address 1*	<input type="text"/>
Mailing Address 2	<input type="text"/>
City*	<input type="text"/>
State	<input type="text" value="CA"/>
Zip*	<input type="text"/>

\* 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

	1st Quarter January to March 2021	2nd Quarter April to June 2021	3rd Quarter July to September 2021	4th Quarter October to December 2021
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 Worldwide	<input type="radio"/> 20-49	<input type="radio"/> 20-49	<input type="radio"/> 20-49	<input type="radio"/> 20-49
<a href="#">More information</a>	<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"/>
<a href="#">More information</a>				
Total Health Care Spending for Employee Covered by the HCSO in Dollars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">More information</a>				

- 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)

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### Surcharge

Did you impose a surcharge on your customers at any time in 2021 to cover, in whole or in part, the costs of providing health care and/or complying with the HCSO?

[More information](#)

Yes

No

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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) How many employees did your company hire to work in San Francisco during 2021 (including telecommuters working in San Francisco)?

2) During 2021, did your company's employment application for jobs in San Francisco, including online applications, ask about arrest or conviction records?

Yes  No

3) In 2021, 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, 2021)

Did your company inquire about any the above in 2021?

Yes  No

6) Did you hire anyone with a conviction history during 2021?

Yes  No  Do not know

7) 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

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### Fair Chance Ordinance Resources and Support

Website: [www.sfgov.org/olse/fco](http://www.sfgov.org/olse/fco)

Email: [fco@sfgov.org](mailto:fco@sfgov.org)

Fair Chance Ordinance Hotline: (415) 554-5192

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