



**UTILITY USERS TAX REMITTANCE FORM**

Name of Utility Service Provider: \_\_\_\_\_

Utility Company FEIN: \_\_\_\_\_ Type of Utility: \_\_\_\_\_

Utility Company:  Check box if preferred contact for tax questions

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Tax Preparer (if applicable):  Check box if preferred contact for tax questions

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

For the Collection Period:\* \_\_\_\_\_ — \_\_\_\_\_

\*Do not combine monthly tax periods, a separate remittance form must be prepared for each tax period.

Due Date: Payment due on or before the 20th day of the following month for telecommunications service and on or before the last day of the following month for electricity and gas service. Penalties and interest will be imposed on delinquent payments. The information provided will be maintained as confidential under Revenue & Taxation Code Section 7284.6.

Gross Charges: \$ \_\_\_\_\_

Deductions: \_\_\_\_\_

Nonstandard Adjustments:\*\* \_\_\_\_\_

Net Taxable Charges: \_\_\_\_\_

Tax Rate: \_\_\_\_\_ 3.0% \_\_\_\_\_

Penalties: \_\_\_\_\_

Interest: \_\_\_\_\_

Total Remittance: \$ \_\_\_\_\_

\*\* Describe any nonstandard adjustments: \_\_\_\_\_

I hereby certify that the information as stated above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature Title Date