



CITY OF SAN PABLO UTILITY USERS TAX REMITTANCE FORM



Company Name : _____

Address : _____ City/State/ZIP : _____

Company Phone No. : _____ Company FEIN No. : _____

Tax Period Covered : _____
 Type of Utility Service* : _____

1st Qtr (Jan. - Mar.)
 2nd Qtr. (Apr. - June)
 3rd Qtr. (July - Sept.)
 4th Qtr Oct. - Dec.)

**Please submit separate remittance forms for each category of utility service that you provide, such as wired telecommunications, electric, gas, water, cable television and refuse services. If more than one category of utility services is bundled together and billed as a single amount, please specify which utility services are bundled. The information that you provide in this remittance form will be maintained as confidential under California Revenue and Taxation code Section 7284.6.*

Calculation of Remittance

1)	Gross charges (<i>including taxes and surcharges</i>)	\$	_____
2)	Deductions		
	a. Taxes (<i>federal, state, 911 tax</i>)	\$	_____
	b. Sales for Resale	\$	_____
	c. Exempt Accounts	\$	_____
	d. Other non-taxed charges**	\$	_____
3)	Adjustments** (<i>plus or minus</i>)	\$	_____
4)	Net taxable charges (<i>line 1 minus lines 2+3</i>)	\$	_____
5)	Local Tax Due @ 7%	\$	_____
6)	Penalty**	\$	_____
7)	Total local tax due (<i>sum lines 5 and 6</i>)	\$	_____

**Please attach a description of any adjustments or services not subject to the local tax referred to on lines 2d and 3.
 ***A penalty may apply if payment is not remitted to the City within the allotted time noted in the ordinance.

MAKE CHECK PAYABLE TO: CITY OF SAN PABLO	MAIL TO: CITY OF SAN PABLO FINANCE DEPT. 1000 Gateway Avenue. SAN PABLO, CA 94806
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I declare, under penalty of perjury, that to the best of my knowledge and belief the statements herein and any attachments hereto, are true and correct.

Taxpayer Signature	Print Name and Title
Preparer Signature	Date
	Phone Number