City of San Gabriel
UTILITY USERS TAX REMITTANCE FORM

Name of Utility Services Provider: _____

Type of Utility Service(s): _____
[Gas, electric, wired or wireless telephone, private communications services, or bundled services thereof. Prepaid wireless by direct sellers per – Rev. and Tax. Code Sec. 42010(f)(3)]

Company FEIN No.: _____

The information that you provide in this remittance form will be maintained as confidential under Rev. and Tax Code § 7284.6.

	Electricity	Gas	Wired Telecom	Wireless Telecom	Water	Cable	Pre-Paid Wireless
Tax Period Covered*							
Gross Charges							
Deductions [Exempt Accounts]							
Non-Standard Adjustments**							
Net Taxable Charges							
Tax Percentage Applied	**8%**	**8%**	**8%**	**8%**	**8%**	**8%**	**7.5%**
Penalties							
Interest							
Total Remittance							

Remit to: **City of San Gabriel**
Attn: Finance Dept. – UUT
425 S Mission Drive
San Gabriel, Ca. 91776

Please note, all taxes collected during any given month must be received by the City no later than the 20th day of the following month. Penalties and interest will be imposed on delinquent payments. See SGMC 35.094

***Please prepare a separate remittance form for each tax period; do not combine tax periods.**

****Please describe any non-standard adjustments:** _____

_____

I declare, under penalty of perjury, that to the best of my knowledge and belief the statement herein, and any attachments hereto, are true and correct.

Date: _____ **Signed**: _____ **Print Name:** _____

Address (required):_____

Phone Number: _____ **Email:** _____