CITY of SAND CITY• FINANCE DEPARTMENT

1 Pendergrass Way • Sand City, CA 93955 •
(831) 394-3054 • finance@sandcityca.org

UTILITY USERS TAX REMITTANCE FORM

Name of Utility Service Provider: _____

Name of Billing Agent (if any): _____

Type of Utility Service(s): _____

Company FEIN No.: _____ **Applicable tax rate: 5%**

Tax Period Covered*: _____ **Company Phone:** _____

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

Gross Charges:	***$*** _____
Deductions: ***[Taxes, Resale sales, Exempt Accounts]***	***$*** _____
Non-standard Adjustments**:	***$*** _____
Net Taxable Charges:	***$*** _____
Tax Percentage Applied (5%)	_____
Penalties:	***$*** _____
Interest:	***$*** _____
Total Remittance:	***$*** _____

Remit Payment and Form to: **City of Sand City, Finance Department (*Address above*)**

Please note that payment must be received by the City by no later than the 20th day of the following month. Penalties (10%) and interest at a rate of 1 % per month will be imposed on delinquent payments.

***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 of the statements herein, and any attachments hereto, is true and correct.

Signed: _____ **Date:** _____

Print Name/Title: _____ **Phone:** _____