City of Coachella
UTILITY USERS TAX REMITTANCE FORM

Name of Utility Service Provider: ________________________________________________

Name of Billing Agent (if any): __________________________________________________

Type of Utility Service(s): ______________________________________________________
(Gas, electricity, water, sewer, refuse, wired or wireless intrastate, interstate, and international telephone, VoIP, private communication services (e.g., T-1), text and instant messaging, paging, or bundles thereof)

Company FEIN No.: _________________________________________ Applicable tax rate: 5%

Tax Period Covered*: _________________________________________ Remitted by ACH: ________

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

Gross Charges: $_____________________

Deductions: $_____________________
[Bad Debt, Exempt Accounts]

Non-standard Adjustments**: $_____________________

Net Taxable Charges: $_____________________

Tax Percentage Applied (5%) __________% 

Penalties: $_____________________

Interest: $_____________________

Total Remittance: $_____________________

Remit to: ATTN: FINANCE DEPARTMENT
CITY OF COACHELLA
1515 Sixth Street
Coachella, CA 92236

Please note that payment must be received by the City by no later than the twentieth (20th) day of the following month (due date). Penalties (15%) and interest (0.75% monthly) 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 (Note: do not reduce your UUT remittance to adjust for over-collection of the tax from customers. Per ordinance, such adjustments require prior City approval):
___________________________________________________________________________________________
___________________________________________________________________________________________

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.

Date:___________________ Signed: ________________________________________________

Phone:__________________________ Print Name/Title: ______________________________________