

City of Indio
UTILITY USERS TAX REMITTANCE FORM

Name of Utility Service Provider: _____

Name of Billing Agent (if any): _____

Type of Utility Service(s): _____

[Gas; electricity; water; video (including CATV, IP-TV, and similar offerings of video programming); wired or wireless telecommunications, including VoIP, conferencing, private communication services. Direct sellers of prepaid wireless should remit UUT separately from postpaid wireless - Rev. and Tax. Code §42010(f)(3) effective Jan. 1, 2016.

Company FEIN No.: _____ Applicable tax rate: 6% - all utilities except
3% - CATV; 5.5% - prepaid wireless (effect. 1-1-2016)

Tax Period Covered*: _____ Remitted by ACH: _____

The information provided herein will be maintained as confidential under Rev. and Tax. Code §7284.6.

Gross Charges: \$ _____

Deductions: \$ _____

*[Taxes, Resale sales, Exempt
Accounts]*

Non-standard Adjustments**: \$ _____

Net Taxable Charges: \$ _____

Tax Percentage Applied _____ %

Penalties: \$ _____

Interest: \$ _____

Total Remittance: \$ _____

Remit to: **ATTN: FINANCE DEPARTMENT
CITY OF INDIIO
100 Civic Center Mall
Indio, CA 92201**

Please note that payment must be received by the City by no later than the twentieth day of the following month (due date). Penalties (15%) and interest 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: _____