



UTILITY USER'S TAX RETURN

AUTHORITY: SECTION 13.14	
SERVICE SUPPLIER:	REPORTING PERIOD: MONTH/YEAR
FEIN:	PLEASE CHECK APPROPRIATE BOX:
	<input type="checkbox"/> GAS <input type="checkbox"/> TELEPHONE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> CABLE
REMITTANCE ADDRESS: 550 E 6th St. Beaumont, CA 92223	MAKE CHECKS PAYABLE TO: CITY OF BEAUMONT

Remittance Based on : Collections _____ Billings _____

- | | | |
|----|---|-------|
| 1. | Gross Collections or Charges | _____ |
| 2. | Less Exempt Accounts | _____ |
| 3. | Other Non-Taxed Collections or Charges | _____ |
| 4. | Taxable Collections or Charges | _____ |
| 5. | Tax Due (3% of line 4) | _____ |
| 6. | Adjustments (Plus/Minus - Attach Explanation) | _____ |
| 7. | Penalty on Late Payment | _____ |
| 8. | Total Tax & Penalty (Sum of lines 5,6 & 7) | _____ |

I declare under penalty of making a false statement that to the best of my knowledge and belief, the statements herein and on attachments are true, correct and complete.

Date: _____ Title: _____

Signature: _____ Print Name: _____

For questions regarding Utilit User's Tax Returns call (951) 572-3236

Note: Remittance is due on or before the last day of the following month.

Notice of Delinquent Utility User's Tax

Date Received: _____ Number of Days Late: _____

Penalty assessed per Section 13.14.080 \$ _____