



City of Emeryville, CA
Utility Users Tax Remittance Form

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Remit To:
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Service Provider Name:
Mailing Address:

Total Amount Remitted with This Return:
\$
MAKE CHECK PAYABLE TO: TAX TRUST ACCOUNT
Do not staple or tape payment to your return. Do not send cash.

MuniServices Account #: \_\_\_\_\_

Filing Period: (If you are filing for more than one filing period, please complete a separate return for each filing period.)

Jan Feb March April May June July Aug Sept Oct Nov Dec YEAR: \_\_\_\_\_

Due Date: Must be postmarked on or before the 20th of the month for the preceding month's taxes to be considered timely filed and paid.

Table with 8 columns: Muni Internal Code 9901, Type of Service, Gross \$ Charges, Allowable \$ Deductions\*, Non-Standard \$ Adjustments\*\*, Net Taxable \$ Charges (Gross Charges minus Deductions and Adjustments), Tax Rate %, Gross Tax Due \$ (Net Taxable Charges multiplied by Tax Rate). Rows include Wireless Telecom, Prepaid Wireless Effective 1-1-2016, Electric, Wired Telecom/VoIP, Gas, and Other. Includes Sub Total, Add 15% penalty, Plus interest, and Total Due sections.

\*Deductions: Taxes, Resale Sales, Exempt Accounts

\*\*Non-Standard Adjustments (Please describe): \_\_\_\_\_

Sworn Statement: Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer's/Paid Preparer's Signature Date Signed Telephone Fax

Printed Name Email FEIN

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