



City of Inglewood
UTILITY USERS TAX REMITTANCE FORM

Name of Utility Services Provider: _____

Type of Utility Service(s): _____
[Gas, electric, video, wired or wireless telephone, private communications services, water, or bundled services thereof. Prepaid wireless by direct sellers per – Rev. and Tax. Code Sec. 42010(f)(3)]

Company FEIN No.: _____ **Remitted by ACH:** _____

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

	Electricity	Gas	Wired Telecom	Wireless Telecom	Prepaid Wireless	Video/CATV	Water
Tax Period Covered*							
Gross Charges							
Deductions [Exempt Accounts]							
Non-Standard Adjustments**							
Net Taxable Charges							
Tax Percentage Applied	10%	10%	8%	8%	7.5%	8%	10%
Penalties							
Interest							
Total Remittance							

Remit to: City of Inglewood
 Attn: Finance Department
 One Manchester Blvd
 Inglewood, Ca. 90301

Please note, all taxes collected during any given month must be received by the City no later than the 20th day of the following month. Penalties and interest will be imposed on delinquent payments. See Sec. 9.81

***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 the statement herein, and any attachments hereto, are true and correct.

Date: _____ **Signed:** _____

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

Address: _____