

**City of Paramount**  
**UTILITY USERS TAX REMITTANCE FORM**

Name of Utility Service Provider: \_\_\_\_\_

Name of Billing Agent (if any): \_\_\_\_\_

Type of Utility Service(s): \_\_\_\_\_  
*(Gas, electricity, wired or wireless telephone, private communication services, test messages, conferencing, or bundles thereof). Direct sellers of prepaid wireless should remit UUT separately from postpaid wireless – R&T Code §42010(f)(3) effective 1-1- 2016.*

Company FEIN No.: \_\_\_\_\_ Applicable tax rate: 5.5%  
Prepaid wireless rate effective 1-1-2016: 5.5%

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: \$ \_\_\_\_\_  
[Bad debt, Exempt Accounts]

Non-standard Adjustments\*\*: \$ \_\_\_\_\_

Net Taxable Charges: \$ \_\_\_\_\_

Tax Percentage Applied (5.5%) \_\_\_\_\_ %

Penalties: \$ \_\_\_\_\_

Interest: \$ \_\_\_\_\_

Total Remittance: \$ \_\_\_\_\_

Remit to:

CITY OF PARAMOUNT  
ATTN: FINANCE DEPARTMENT  
16400 Colorado Avenue  
Paramount, CA 90723

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 the statements herein, and any attachments hereto, are true and correct.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Phone: \_\_\_\_\_ Print Name/Title : \_\_\_\_\_