



# City of Seaside

## UTILITY USERS TAX REMITTANCE FORM

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

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

Address: \_\_\_\_\_

Type of Utility Service(s): \_\_\_\_\_

*[Please submit separate remittance forms for each category of utility service that you provide, such as telephone, electric, gas, water and cable television bills. If more than one category of utility services is brindled together and billed as a single amount, please specify which utility services are bundled.]*

Company FEIN No.: \_\_\_\_\_ CPUC/CPCN No.: \_\_\_\_\_

Applicable tax rates: 6% - electric, gas, water, cable television bills and telephone.

Tax Period Reported: \_\_\_\_\_ Email Address: \_\_\_\_\_

*The information that you provide in this remittance form will be maintained as confidential under California Revenue and Taxation Code Section 7284.6.*

1. **Gross Charges:** \$ \_\_\_\_\_  
(Including taxes and surcharges)

2. **Deductions:** \$ \_\_\_\_\_  
(Taxes, Resale sales, Exempt Accounts and Other non-taxed charges)

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

4. **Net Taxable Charges :** \$ \_\_\_\_\_  
(Line 1 minus lines 2+3)

5. **Tax Percentage Applied** \_\_\_\_\_ %

6. **Penalties/Interest\*\*\*:** \$ \_\_\_\_\_

7. **Local Tax Due** \$ \_\_\_\_\_  
(6% of line 4)

**Total Remittance:** \$ \_\_\_\_\_  
(Sum lines 5 and 6)

**REMIT TO: CITY OF SEASIDE  
UUT PROCESSING CENTER  
8839 N. CEDAR AVENUE #212  
FRESNO, CA 93720-1832**

Please note that payment must be received by City by no later than sixty days (60) of the date of the notice of the amount of tax due from the service supplier shall pay a penalty of ten percent (10%) of the amount of the tax which shall be added on the last day of each month following the date on which payment was due until the tax and penalties are paid.

\*\*\*A penalty may apply if payment is not remitted to the City within the allotted time noted in the ordinance

\*\*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: \_\_\_\_\_