



City of Hayward
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, 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
Tax Period Covered*						
Gross Charges						
Deductions [Exempt Accounts]						
Non-Standard Adjustments**						
Net Taxable Charges						
Tax Percentage Applied	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
Penalties						
Interest						
Total Remittance						

Remit to: **City of Hayward**
 Attn: Accounting Division
 777 B Street
 Hayward, Ca. 94541

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. 8.18.130

***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: _____