

City of Richmond <u>UTILITY USERS TAX REMITTANCE FORM</u>

The section of the se						
Name of Utility Services	Provider:					
Name of Billing Agent (if	any):					
Type of Utility Service(s):	·					
Gas; electricity; video (including communication services. Direct						
Company FEIN No.:				ted by ACH:)
	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	10%	10%	9.5%	9.5%	9%	5%
Penalties						
Interest						
Total Remittance						
450 Civio	ichmond ance Dept. – UU1 c Center Plaza nd, Ca. 94804	ſ				
Please note, all taxes colle month (due date. Penaltie				•	ter than the 20 th	' day of the following
*Please prepare a separa	ate remittance fo	orm for each t	ax period; <mark>do no</mark>	t combine tax _l	periods.	
**Please describe any no	on-standard adju	stments:				
I declare, under penalty of p are true and correct.	perjury, that to the	best of my kno	owledge and belie	f the statement h	erein, and any a	ttachments hereto,
Date:		Signed:				
Phone:	Р	Print Name/Ti	tle:			
Address:						