

**CITY OF COACHELLA  
UTILITY USERS TAX REMITTANCE FORM**

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

\_\_\_\_\_

**Company Phone No.:** \_\_\_\_\_ **Company FEIN No.:** \_\_\_\_\_

**Tax Period Covered :** \_\_\_\_\_ **Type of Utility Service\*:** \_\_\_\_\_

*\*Please submit separate remittance forms for each category of utility service that you provide, such as wired or wireless telecommunications, electric and gas services. If more than one category of utility services is bundled together and billed as a single amount, please specify which utility services are bundled. The information that you provide in this remittance form will be maintained as confidential under California Revenue and Taxation Code Section 7284.6.*

**Remittance Based Upon Utility Billing**

- |           |   |                 |
|-----------|---|-----------------|
| <b>1.</b> | <b>Gross charges (including taxes and surcharges)</b> | <b>\$</b> _____ |
| <b>2.</b> | <b>Deductions</b>                                     |                 |
| <b>a.</b> | <b>Taxes (federal, state, 911 tax)</b>                | <b>\$</b> _____ |
| <b>b.</b> | <b>Sales for Resale</b>                               | <b>\$</b> _____ |
| <b>c.</b> | <b>Exempt Accounts</b>                                | <b>\$</b> _____ |
| <b>d.</b> | <b>Other non-taxed charges**</b>                      | <b>\$</b> _____ |
| <b>3.</b> | <b>Adjustments** (plus or minus)</b>                  | <b>\$</b> _____ |
| <b>4.</b> | <b>Net taxable charges (line 1 minus lines 2+3)</b>   | <b>\$</b> _____ |
| <b>5.</b> | <b>Local Tax Due (@5.0% of line 4)</b>                | <b>\$</b> _____ |
| <b>6.</b> | <b>Penalties/Interest***</b>                          | <b>\$</b> _____ |
| <b>7.</b> | <b>Total local tax due (sum lines 5 and 6)</b>        | <b>\$</b> _____ |

**\*\*Please attach a description of any adjustments or services not subject to the local tax referred to on lines 2d and 3.**

**\*\*\*A penalty may apply if payment is not received by the City within the allotted time noted in the ordinance.**

**MAKE CHECK PAYABLE TO: CITY OF COACHELLA    MAIL TO:**

**CITY OF COACHELLA  
ATTN: ACCOUNTS RECEIVABLE  
1515 SIXTH ST.,  
COACHELLA, CA 92236**

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

Please contact Stephen Stark of MuniServices, LLC at 800-800-8181 x6976 if you have any questions regarding the City boundaries (by street address) or the application of the City's local tax to the services that you provide your customers in the City.