



**COUNTY OF ALAMEDA - UNINCORPORATED AREAS
UTILITY USERS TAX – ORDINANCE CHAPTER 2.12
MONTHLY REMITTANCE REPORT**

RETURN FOR THE PERIOD OF: _____ **Due Date:** _____

COMPANY INFORMATION		Make Remittance Payable to:
Name:	_____	ALAMEDA COUNTY TAX COLLECTOR
Address:	_____ _____ _____ City State Zip Code	Mailing Address: COUNTY OF ALAMEDA TREASURER-TAX COLLECTOR'S OFFICE BUSINESS LICENSE TAX UNIT 224 W. WINTON AVENUE, ROOM 169 HAYWARD, CA 94544-1221
Federal Tax ID:	____ - ____ - _____	
Telephone No:	_____	Telephone: (510) 670-6400

THE AMOUNT OF UTILITY USER TAX COLLECTED BY SERVICE SUPPLIER IN ONE MONTH SHALL BE REMITTED BY U.S. MAIL TO THE ALAMEDA COUNTY TAX COLLECTOR ON OR BEFORE THE LAST DAY OF THE FOLLOWING MONTH. THE REMITTANCE IS DELINQUENT AND SUBJECT TO PENALTIES AND INTEREST IF POSTMARKED AFTER THE LAST DAY OF THE FOLLOWING MONTH. (Sections 2.12.070, 080, 090, 095, 110). The information that you provide in this remittance form will be maintained as confidential under Rev. and Tax Code § 7284.6.

1. ENTER TOTAL UTILITY CHARGES BILLED TO TAXPAYERS:	\$
2. LESS EXEMPTIONS* (Attach proof)	\$
3. TAXABLE GROSS COLLECTIONS (Line 1 minus Line 2)	\$
4. UTILITY USER TAX (6.5% of Line 3):	\$
5. LESS ADJUSTMENT: (Attach proof)	
A. Customers refusing to pay	\$
B. Refund paid	\$
C. Other (explain)	\$
6. TOTAL ADJUSTMENTS: (Line 5A + 5B + 5C)	\$
7. TOTAL TAX: (Line 4 minus Line 6)	\$
8. PENALTY/INTEREST FOR LATE REMITTANCE:	\$
A. 5%, penalty due on the date remittance first became delinquent	
B. Additional 20% penalty if tax is remitted ten (10) working days after delinquent date	\$
C. Additional 1.5% interest per month or portion thereof, exclusive of penalty, from the date remittance first became delinquent until paid in full	\$
9. NET REMITTANCE: (Tax, Penalty & Interest) (Line 7 + 8A + 8B + 8C)	\$

***Must attach a description of any exemptions listed on line 2.**

I hereby certify under penalty of perjury that the information provided in this Utility User Tax Remittance Report is true and complete.

Contact Person _____ Telephone No. _____ Email _____

Authorized Signature _____ Full Name & Title _____ Date Signed _____