



CITY OF SANTA MONICA
UTILITY USERS TAX REMITTANCE FORM

Name of Utility Service Provider: _____

Name of Billing Agent (if any): _____

Type of Utility Service(s): _____

[Gas; electricity; water/wastewater; video (including CATV, IP-TV, and similar offerings of video programming); wired or wireless telecommunications, VoIP, conferencing, private communication services. Direct sellers of prepaid wireless should remit UUT separately from postpaid - Rev. and Tax. Code §42010(f)(3) effective 1-1- 2016.

Company FEIN No.: _____ Applicable tax rates: 10% - electric, gas, telecom, video, water/wastewater; 9% - prepaid wireless (as of 1-1-2016)

Tax Period Covered*: _____ Remitted by ACH: _____

The information provided herein will be maintained as confidential under Rev. and Tax. Code §7284.6.

Gross Charges: \$ _____

Deductions: \$ _____

[Taxes, Resale sales, Exempt Accounts]

Non-standard Adjustments**: \$ _____

Net Taxable Charges: \$ _____

Tax Percentage Applied _____ %

Penalties: \$ _____

Interest: \$ _____

Total Remittance: \$ _____

Remit to: ATTN: TREASURY
CITY OF SANTA MONICA
PO BOX 2200
SANTA MONICA, CA 90407

Please note that payment must be received by the City by no later than the twentieth day of the following month (due date). Penalties (15%) and interest will be imposed on delinquent payments.

*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 of the statements herein, and any attachments hereto, is true and correct.

Signed: _____

Date: _____

Print Name/Title: _____

Phone: _____