Company Name:
Address:

Email Address:
Phone No:
Fax No:

Company FEIN: ____________________

Type of Utility Svc: _________________

Tax Period Covered: ________________

Remittance Based Upon Utility Billing

Gross Revenue (inc. taxes & surcharges) ___________________

Less Tax Exempt Deductions: ___________________

Taxable Base: ___________________

Tax Rate: ________________ 7%

Tax Due: ___________________

Penalty/Interest (if applicable) ___________________

TOTAL DUE: ___________________

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: ___________________   Signature: ____________________________

Name/Title: ____________________________

PLEASE MAKE CHECK PAYABLE TO: CITY OF DESERT HOT SPRINGS
MAIL TO: FINANCE DEPARTMENT
65-950 PIERSON BLVD.
DESERT HOT SPRINGS, CA. 92240

Should you require any additional information, please call (760) 329-6411 ext. 249