

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 PAYBLE 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