



# CITY OF SANTA BARBARA

## Utility Users Tax Remittance Form

City Account # \_\_\_\_\_

*Pursuant to Santa Barbara Municipal Code, Chapters 4.24 & 4.26, utility users tax is to be reported and paid **on or before the twentieth of each month**, following the month for which utility taxes were billed. Payments made after the twentieth day are subject to a 15% late charge. Please complete this form and return it with your payment.*

Submitted by: \_\_\_\_\_

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

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

**Type of Service:** (please check one)

Electric (6%)	Gas (6%) /	Cable TV (5.75%)	Telephone (5.75%)	Voip (5.75%)	Wireless (5.75%)	Prepaid Wireless (5.5%)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Period Covered:** \_\_\_\_\_ **FEIN#** \_\_\_\_\_

**Gross Taxable Receipts:** \$ \_\_\_\_\_

**Deductions:** \$ \_\_\_\_\_  
*(Taxes, Resale sales, Exempt Accounts)*

**Non-Standard Adjustments:** \$ \_\_\_\_\_

**Net Taxable Charges:** \$ \_\_\_\_\_

**Tax Percentage Applied** \_\_\_\_\_ %

**Net Tax to be Remitted:** \$ \_\_\_\_\_

**Penalties/Interest:** \$ \_\_\_\_\_

**Total Remittance:** \$ \_\_\_\_\_

Preparer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Questions may be directed to the Finance Department at (805) 564-5335 Fax: (805) 897-1978.*

*Utility service suppliers are required to report the amount of the taxes billed for each month, and to keep and preserve, for City review, records necessary to determine the amount of taxes due for each utility user in the City of Santa Barbara. Such records are to be maintained for a period of three years.*

**Make check payable to "City of Santa Barbara". Mail check and form to City of Santa Barbara, ATTN: Finance/Treasury, P.O. Box 1990, Santa Barbara, CA 93102-1990**