



**CITY OF MENLO PARK  
UTILITY USERS TAX REMITTANCE FORM  
Rates effective October 1, 2007**

Name of Service Provider: \_\_\_\_\_

Address of Service Provider: \_\_\_\_\_  
\_\_\_\_\_

Phone Number of Service Provider: \_\_\_\_\_ Company FEIN Number: \_\_\_\_\_

Name of Billing Agent (if any): \_\_\_\_\_

Tax Period Covered\*: \_\_\_\_\_ Type of Utility Service or Bundled Services\*: \_\_\_\_\_

*\*Please submit separate remittance form for each tax period and for each category of utility service (e.g. electric, gas or communication service). If more than one category of utility services is bundled together and billed as a single amount, please specify which utility services are bundled. The information that you provide in this remittance form will be maintained as confidential under California Revenue and Taxation Code Section 7284.6.*

**Remittance Based Upon Utility Billing**

- |   |          |
|---|----------|
| 1. Gross charges (including taxes and surcharges)   | \$ _____ |
| 2. Deductions   |          |
| a. Taxes (federal, state, 911 tax)  | \$ _____ |
| b. Sales for Resale   | \$ _____ |
| c. Exempt Accounts  | \$ _____ |
| 3. Non-standard adjustments** (indicate + or -)   |          |
| \$ _____  |          |
| 4. Net taxable charges (line 1 minus all lines 2 + line 3)  | \$ _____ |
| 5. Local Tax Due (@ 1% for electric, gas and water of line 4; @ 1% for telecom and video of line 4) | \$ _____ |
| 6. Penalties/Interest***  | \$ _____ |
| 7. Total local tax due (sum lines 5 and 6)  | \$ _____ |

\*\* Please attach a description of any adjustments or services not subject to the local tax referred to on line 3.

\*\*\*A penalty may apply if payment is not received by the City within the allotted time noted in the ordinance.

<p><b>MAKE CHECK PAYABLE TO: CITY OF MENLO PARK</b></p>	<p><b>MAIL TO: CITY OF MENLO PARK ATTN: FINANCE DIVISION 701 LAUREL STREET MENLO PARK, CA 94025-3469</b></p>
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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: \_\_\_\_\_ Signed: \_\_\_\_\_

Phone: \_\_\_\_\_ Print Name/Title: \_\_\_\_\_

Please contact Steve Gibson of MuniServices LLC at (818) 661-5520 if you have any questions regarding the City boundaries (by street address) or the application of the City's local tax to the services that you provide your customers in the City.