



**COUNTY OF ALAMEDA - UNINCORPORATED AREAS
UTILITY USER TAX – ORDINANCE CHAPTER 2.12
MONTHLY REMITTANCE REPORT**

RETURN FOR THE PERIOD OF: _____ **Due Date:** _____

COMPANY INFORMATION		Make Remittance Payable to:
Name:	_____	ALAMEDA COUNTY TAX COLLECTOR
Address:	_____ _____ _____ City State Zip Code	Mailing Address: COUNTY OF ALAMEDA TREASURER-TAX COLLECTOR'S OFFICE BUSINESS LICENSE TAX UNIT 224 W. WINTON AVENUE, ROOM 169 HAYWARD, CA 94544-1221
Federal Tax ID:	____ - ____ - _____	Telephone: (510) 670-6400
Telephone No:	_____	

THE AMOUNT OF UTILITY USER TAX COLLECTED BY SERVICE SUPPLIER IN ONE MONTH SHALL BE REMITTED BY U.S. MAIL TO THE ALAMEDA COUNTY TAX COLLECTOR, POSTMARKED ON OR BEFORE THE LAST DAY OF THE FOLLOWING MONTH. (Sections 2.12.070, 080, 090)

1. ENTER TOTAL UTILITY CHARGES BILLED TO TAXPAYERS:	\$
2. UTILITY USER TAX (6.5% of Line 1):	\$
3. LESS ADJUSTMENT: (Please attach proof)	
A. Customers refusing to pay	\$
B. Refund paid	\$
C. Other (explain)	\$
4. TOTAL ADJUSTMENTS: (Line 3A + 3B + 3C)	\$
5. TOTAL TAX: (Line 2 minus Line 4)	
	\$
6. PENALTY/INTEREST FOR LATE REMITTANCE:	
A. 5%, penalty due on the date remittance first became delinquent	\$
B. Additional 20% penalty if tax is remitted ten (10) working days after delinquent date	\$
C. Additional 1.5% interest per month or portion thereof, inclusive of penalty, from the date remittance first became delinquent until paid in full	\$
7. NET REMITTANCE: (Tax, Penalty & Interest)	\$

Please attach list of names and addresses of those service users who have refused to pay the tax. Indicate the amount owed by each user.

I hereby certify under penalty of perjury that the information provided in this Utility User Tax Remittance Report is true and complete.

Contact Person _____ **Telephone No.** _____

Authorized Signature _____ **Full Name & Title** _____ **Date Signed** _____