



CITY OF MOUNTAIN VIEW

FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT
500 Castro Street • Post Office Box 7540 • Mountain View • California 94039-7540
650-903-6316 • Fax 650-968-1786

UTILITY USERS TAX REMITTANCE FORM

Name of Utility Service Provider: _____

Name of Billing Agent (if applicable): _____

Utility Company FEIN: _____ Type of Utility: _____

Utility Company Contact: _____

Mailing Address: _____

E-Mail Address: _____ Telephone Number: _____

For the Collection Period:* _____ – _____

*Do not combine monthly tax periods, a separate remittance form must be prepared for each tax period.

Due Date: Payment due on or before the 20th day of the month following the collection period above at the address listed above. Penalties and interest will be imposed on delinquent payments. The information provided will be maintained as confidential under Revenue & Taxation Code Section 7284.6.

Gross Charges: _____

Deductions: _____

Nonstandard Adjustments:** _____

Net Taxable Charges: _____

Tax Rate: _____ 3.0% _____

Penalties: _____

Interest: _____

Total Remittance: \$ _____

** Describe any nonstandard adjustments: _____

I hereby certify that the information as stated above is true and correct to the best of my knowledge.

Signature Title Date