

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 PAYABLE TO: CITY OF DESERT HOT SPRINGS  
MAIL TO: FINANCE DEPARTMENT  
11999 PALM DRIVE  
DESERT HOT SPRINGS, CA. 92240

Should you require any additional information, please call (760) 329-6411 ext. 249