



City of Newark
Utility Users Tax **(3.25%)** and Prepaid Mobile Telephony Services (MTS) Surcharge **(2.5%)**
Remittance Form

Utility Service Provider Information

Company Name: _____
 Name of Billing Agent/
 phone# (if any): _____

 Address: _____

 City State Zip

 Company FEIN No.: #: _____

Payment Information

Make check payable to: City of Newark
 Mail to: Finance Department
 37101 Newark Blvd.
 Newark, CA 94560

 Please note that payment must be received by the City no later than the twentieth (20th) day of the following month (due date). Penalties (15%) and interest (0.75% monthly) will be imposed on delinquent payments.

 Remitted by ACH: _____

Type of Utility Service: _____
(Gas, electricity, video (CATV and IP-TV), wired or wireless intrastate, Interstate, and international telephone), VoIP, private communication services (e.g., T-1), text and instant messaging, paging, or bundles thereof.)

Tax Period Covered: _____
(Please submit a separate remittance form for each tax period and submit separate remittance forms for each category of utility service that you provide.)

The information that you provide in this remittance form will be maintained as confidential under Rev. and Tax. Code 7284.6

Utility Users Tax Remittance	
Gross Charges:	\$ _____
Deductions: <i>(Bad Debt, Exempt Accounts)</i>	\$ _____
Non-standard Adjustments*:	\$ _____
Net Taxable Charges:	\$ _____
Percentage Applied (3.25%)	\$ _____
Penalties:	\$ _____
Interest:	\$ _____
Total Remittance:	\$ _____

Prepaid Mobile Telephony Services (MTS) Surcharge Remittance:	
Gross Charges:	\$ _____
Deductions: <i>(Bad Debt, Exempt Accounts)</i>	\$ _____
Non-standard Adjustments*:	\$ _____
Net Taxable Charges:	\$ _____
Percentage Applied (2.5%)	\$ _____
Penalties:	\$ _____
Interest:	\$ _____
Total Remittance:	\$ _____

Total combined remittance if submitting both Utility Users Tax and Prepaid (MTS) Surcharge: \$ _____

*Please describe any non-standard adjustments *(Note: do not reduce your UUT remittance to adjust for over-collection of the tax from customers. Per ordinance, such adjustments require prior City approval):* _____

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: _____