



# City of Palm Springs

Department of Finance and Treasury

3200 E. Tahquitz Canyon Way • Palm Springs, California 92262  
Tel: (760) 323-8229 • Fax: (760) 322-8320 • Web: www.palmspringsca.gov

## **ACCESS LINE TAX REMITTANCE FORM**

*(Formerly 911 Emergency Response Fee)*

Company Name: \_\_\_\_\_ Company FEIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Paying Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**REPORTING PERIOD:** \_\_\_\_\_

<b>1. NUMBER OF ACCESS LINES SERVED:</b>	
<b>2. NUMBER OF TRUNK LINES SERVED:</b>	
<b>3. NUMBER OF EXEMPTIONS:</b>	
<b>4. ACCESS LINE TAX @ \$1.23 PER ACCESS LINE:</b>	\$
<b>5. TRUNK LINES @ \$9.29 PER TRUNK LINE:</b>	\$
<b>6. TOTAL TAX DUE:</b>	\$

THE AMOUNT OF ACCESS LINE TAX COLLECTED IN ONE MONTH MUST BE RECEIVED (NOT POSTMARKED) BY THE TAX ADMINISTRATOR ON OR BEFORE THE TWENTIETH (20TH) DAY OF THE FOLLOWING MONTH FROM WHICH THE TAX IS COLLECTED; OTHERWISE, PENALTY OF TEN PERCENT (10%) WILL APPLY.

**Remit to:** CITY OF PALM SPRINGS, FINANCE DEPARTMENT  
3200 E. TAHQUITZ CANYON WAY  
PALM SPRINGS, CA 92262

I declare under penalties of perjury that the above return is true, correct and complete to the best of my knowledge and belief.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title of Authorized Person: \_\_\_\_\_