



CITY OF PALM SPRINGS

DEPARTMENT OF FINANCE & TREASURY

3200 E. TAHQUITZ CANYON WAY • PALM SPRINGS, CALIFORNIA 92262
TEL: (760) 323-8229 • FAX: (760) 322-8320 • WEB: WWW.PALMSPRINGSCA.GOV

TELEPHONE USERS TAX REMITTANCE FORM

Name of Provider: _____ Company FEIN: _____

Address: _____

Paying Agent: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ E-Mail Address: _____

Type of Service: _____

[Wired or wireless telephone (interstate, international, intrastate), private telecommunication service, conferencing, text messages, or bundles thereof. Direct sellers of prepaid wireless should remit UUT (4.5%) separately from postpaid wireless – Rev & Tax Code §42010(f)(3) effective 1-1- 2016]

Please submit separate remittance forms for each category of service that you provide.

REPORTING PERIOD: _____

1. TOTAL GROSS UTILITY CHARGES BILLED:	\$
2. TELEPHONE USERS TAX (4.5% OF LINE 1):	\$
3. MTS PRE PAID WIRELESS (4.5%):	\$
4. LESS ADJUSTMENTS (EXEMPT ACCOUNTS):	\$
5. TOTAL TAXABLE CHARGES (LINE 2+3 MINUS LINE 4):	\$
6. PENALTY/INTEREST FOR LATE REMITTANCE*	\$
7. NET REMITTANCE (TAX, PENALTY AND INTEREST):	\$

***THE AMOUNT OF TELEPHONE USERS 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, A PENALTY OF 10 PERCENT (10%) WILL APPLY.**

Remit to: **CITY OF PALM SPRINGS
FINANCE DEPARTMENT – UUT/TUT DIVISION
3200 E. TAHQUITZ CANYON WAY
PALM SPRINGS, CA 92262**

I declare under penalty of perjury that the information provided herein is true, complete, and accurate to the best of my knowledge.

Authorized Signature: _____ Date: _____

Name and Title of Authorized Person: _____

POST OFFICE BOX 2743 • PALM SPRINGS, CALIFORNIA 92263-2743