



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: _____

_____ MONTHLY _____ QUARTERLY _____ SEMI-ANNUAL _____ ANNUAL

1. NUMBER OF ACCESS LINES SERVED:	
2. NUMBER OF TRUNK LINES SERVED:	
3. NUMBER OF EXEMPTIONS:	
4. ACCESS LINE TAX @ \$1.70 PER ACCESS LINE:	\$
5. TRUNK LINES TAX @ \$12.85 PER TRUNK LINE:	\$
6. MTS PRE PAID WIRELESS / (TOTAL AMOUNT \$ _____ x 2%)	\$
7. PENALTY/INTEREST FOR LATE REMITTANCE*	\$
8. TOTAL TAX DUE (TAX, PENALTY AND INTEREST)*:	\$

* 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 – Janella Andrews RE: ALT
3200 E. TAHQUITZ CANYON WAY
PALM SPRINGS, CA 92262**

For ALT inquiries, please contact our office at (760) 323-8229 or via email to Janella.Andrews@palmspringsca.gov.

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: _____

Post Office Box 2743 • Palm Springs, California 92263-2743