

**City of Indio**  
**UTILITY USERS TAX REMITTANCE FORM**

Name of Utility Service Provider: \_\_\_\_\_

Name of Billing Agent (if any): \_\_\_\_\_

Type of Utility Service(s): \_\_\_\_\_

*[Gas; electricity; water; video (including CATV, IP-TV, and similar offerings of video programming); wired or wireless telecommunications, including VoIP, conferencing, private communication services. Direct sellers of prepaid wireless should remit UUT separately from postpaid wireless - Rev. and Tax. Code §42010(f)(3) effective Jan. 1, 2016.*

Company FEIN No.: \_\_\_\_\_ Applicable tax rate: 6% - all utilities except  
3% - CATV; 5.5% - prepaid wireless (effect. 1-1-2016)

Tax Period Covered\*: \_\_\_\_\_ Remitted by ACH: \_\_\_\_\_

*The information provided herein will be maintained as confidential under Rev. and Tax. Code §7284.6.*

Gross Charges: \$ \_\_\_\_\_

Deductions: \$ \_\_\_\_\_

*[Taxes, Resale sales, Exempt  
Accounts]*

Non-standard Adjustments\*\*: \$ \_\_\_\_\_

Net Taxable Charges: \$ \_\_\_\_\_

Tax Percentage Applied \_\_\_\_\_ %

Penalties: \$ \_\_\_\_\_

Interest: \$ \_\_\_\_\_

Total Remittance: \$ \_\_\_\_\_

Remit to: **ATTN: FINANCE DEPARTMENT  
CITY OF INDIIO  
100 Civic Center Mall  
Indio, CA 92201**

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

\*Please prepare a separate remittance form for each tax period; do not combine tax periods.

\*\*Please describe any non-standard adjustments: \_\_\_\_\_

I declare, under penalty of perjury that to the best of my knowledge and belief of the statements herein, and any attachments hereto, is true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_