



City of Desert Hot Springs  
UTILITY USERS TAX REMITTANCE FORM

Company Name:  
Address:

Email Address:  
Phone No:  
Fax No:

Company FEIN: \_\_\_\_\_

Type of Utility Svc: \_\_\_\_\_

Tax Period Covered: \_\_\_\_\_

Remittance Based Upon Utility Billing

Gross Revenue (inc. taxes & surcharges) \_\_\_\_\_

Less Tax Exempt Deductions: \_\_\_\_\_

Taxable Base: \_\_\_\_\_

Tax Rate: \_\_\_\_\_ 7%

Tax Due: \_\_\_\_\_

Penalty/Interest (if applicable) \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_

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: \_\_\_\_\_ Signature: \_\_\_\_\_

Name/Title e: \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO: CITY OF DESERT HOT SPRINGS  
MAIL TO: FINANCE DEPARTMENT  
65-950 PIERSON BLVD.  
DESERT HOT SPRINGS, CA. 92240

Should you require any additional information, please call (760) 329-6411 ext 306.