

COUNTY OF SACRAMENTO DEPARTMENT OF FINANCE

TAX COLLECTION AND LICENSING

700 H Street, Room 1710, Sacramento, California 95814 P.O. Box 508, Sacramento, California 95812-0508 phone (916) 874-7844 • fax (916) 874-8909 • <u>www.finance.saccounty.net</u>

Utility User Tax Provider Registration

| Da | te service began in the unincorporated are | a of Sacramento Cou | nty | | | |
|----|--|------------------------|--------------------|----------------|-------|--|
| 1. | Utility Service Provider Information: | | | | | |
| | Utility Service Provider Name: | | | | | |
| | Address: | | Fax: | Fax: | | |
| | City: | | State: | Zip: | | |
| | *Provider Contact:Please Prin | | | | | |
| | Please Prin | Tit | Title | | | |
| | *Contact Phone Number: | | | | | |
| | Utility Provided: Gas | Electricity [| Teleph | ione 🗌 | Cable | |
| | If Telephone: Local | Long Distan | се 🗌 | | | |
| | Note: Sacramento County does not a | apply the Utility User | Tax to cellular se | rvice. | | |
| 2. | Utility User Tax Return Preparation: | | | | | |
| | *Preparer Name: | | | | | |
| | *Preparer Name: Please Print Name | | Tit | Title | | |
| | Company Name: | | *Phone: | *Phone: | | |
| | (if third-party | tax preparer) | | | | |
| | Address: | | Fax: | | | |
| | City: | | State: | Zip: | | |
| 3 | Registration Form Completed By | | | | | |
| • | Registration Form Completed By: Please Print Name | | | Title | | |
| | | | | Date Completed | | |
| | Signature | • | - | | | |

Return the completed registration form to:

Sacramento County Report & Account Services, 700 H St. Room 1710 Sacramento, CA 95814. If you have any questions, please contact Report & Account Services Unit staff at (916) 874-7844.

* Must be completed with names and telephone numbers of reachable people.