



City of Albany, CA Sugar-Sweetened Beverage Tax Registration Form

Customer Service

Business Name: _____

DBA: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

MuniServices Account #: _____



Toll-Free Phone: (866) 240-3665
Toll-Free Fax: (855) 219-4338
Se habla español.



Email: AlbanySSBsupport@muniservices.com
Website: www.revds.com



Remit To: MuniServices, LLC
Attn: Sugar-Sweetened Beverage Tax
2342 Shattuck Ave #889
Berkeley, CA 94704

Step 1 of 3: Check all that apply:

- My business delivers items taxable by the Sugar-Sweetened Beverage Tax to retailers in the City of Albany.
- My business brings items taxable by the Sugar-Sweetened Beverage Tax into the City of Albany for retail sale at our own store.
- My business is not responsible for paying the Sugar-Sweetened Beverage Tax to the City of Albany because (Check one):
 - My business is not subject to taxation by the City of Albany, under state or federal law. Provide supporting documentation.
 - My business had annual gross receipts under \$100,000 during the most recent calendar year. Provide supporting documentation.
 - My business has all of its items taxable by the Sugar-Sweetened Beverage Tax delivered by other distributors**. Provide distributor information on the back of this form.
 - My business does not distribute any items taxable under the Sugar-Sweetened Beverage Tax, and no distributors deliver these items to my business. (See taxable items and exemptions in FAQs.)
 - My business has closed or does not do business in the City of Albany. Effective Date: _____

If business was sold, please provide the new owner's contact information:

_____ Date Sold: _____

Step 2 of 3: Provide the below information for your business:

Physical Address in Albany: _____
(if applicable) Street Address City State Zip

Business Contact/Title: _____

Contact Phone #: _____ Contact Email Address: _____

FEIN or Owner's SSN #: _____ City of Albany Business License #: _____

Sugar-Sweetened Beverage Tax Registration Form continued

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Sugar-Sweetened Beverage Tax Registration Form

**If your business has items taxable by the Sugar-Sweetened Beverage Tax delivered by distributors, please fill in the distributors' information the blanks below. Please remit additional pages as needed.

Distributor 1

Business Name: _____

Business Address: _____

Contact Information: _____

Distributor 2

Business Name: _____

Business Address: _____

Contact Information: _____

Distributor 3

Business Name: _____

Business Address: _____

Contact Information: _____

Distributor 4

Business Name: _____

Business Address: _____

Contact Information: _____

Step 3 of 3: Please sign and return this form to MuniServices at the address indicated above:

I declare under penalties of perjury that the above information is, to the best of my knowledge and belief, true and accurate.

Print Name: _____ **Signed:** _____ **Date:** _____

Email address: _____ **Telephone:** _____