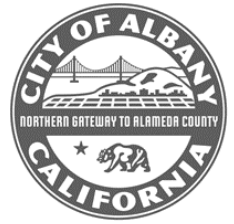


City of Albany
c/o MuniServices, LLC
2342 Shattuck Ave #889
Berkeley, CA 94704

Tax Return Sugar-Sweetened Beverage Tax City of Albany, CA



Business Name: _____

DBA: _____

Mailing Address 1: _____

Mailing Address 2: _____

City: _____ State: _____ Zip: _____

MuniServices Account #: _____

Customer Service	
	Toll-Free Phone: (866) 240-3665 Toll-Free Fax: (855) 219-4338 Se habla español.
	Email: AlbanySSBsupport@muniservices.com Website: www.revds.com

Filing Period: (If you are filing for more than one filing period, please complete a separate return for each filing period.)
**Delinquency Date: To avoid additional penalties and/or interest, returns must be postmarked on or before the 20th day following the month the tax was collected.
 (Example: April's taxes are due on or before May 20th)*

Filing Period: _____ Year: _____ Taxes for this period are due on or before _____, 20th _____

1. **Taxable sugar-sweetened beverage (SSB) distributed:**
 - a. Total number of ready-to-consume ounces: 1a. _____
 - b. Maximum amount of SSB produced according to manufacturers' instructions (syrops, concentrates, powders, mixes, etc): 1b. _____
 - c. Equals total number of taxable ounces: 1c. _____
(Internal Code 9928-28-11)
2. **Multiplied by Tax Rate:** **x \$0.01 per fluid ounce**
3. **Equals Tax Due:** **3. \$ _____**
4. **Plus Penalty: Add 10% (if paid within 30 days after delinquency date*) or Add 50% (if paid 31 days or more after delinquency date*)** **4. \$ _____**
5. **Subtotal: (add lines 3 & 4)** **5. \$ _____**
6. **Plus Interest on Tax Due: Calculate interest at 1% per month after delinquency date*** **6. \$ _____**
7. **Equals Total Net Amount Due: (Add lines 5 & 6)** **7. \$ _____**
8. **Sign your return and remit payment to TAX TRUST ACCOUNT, along with completed form, to the following remittance address:**

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

I declare under penalties of perjury that the above information and any accompanying schedules are, to the best of my knowledge and belief, a true and accurate statement for the period indicated.

Printed Name: _____ Signed: _____ Date: _____

Telephone #: _____ Email Address: _____

FEIN or SSN #: _____

FORM DISCLAIMER: Please note that the administration and rate changes on the MuniServices Advisory and MuniServices tax forms are updated once the required information has been received, verified, and validated in compliance with MuniServices policy. Any information received before or after the publication of a MuniServices Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. MuniServices is not responsible for incorrect information and/or improper use of the information provided. All updates are completed on a timely basis once the requirements have been met. For the most current MuniServices administration and/or rate information provided, please visit our website at www.revds.com.

RETURNED CHECK DISCLAIMER: When you make a payment by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your checking account according to the terms of your check or to process that transaction as a check. When we use your check to make an electronic fund transfer, funds may be withdrawn from your checking account the same day we receive your payment, and you will not receive your check back from your financial institution. If there are insufficient funds in your checking account, you authorize us to charge a Returned Payment Fee in the amount set forth below and collect that amount through an electronic fund transfer from your checking account, if permitted by applicable law. **IF YOUR CHECK OR OTHER PAYMENT IS RETURNED UNPAID** by your bank, we may, if permitted by applicable law, charge a Returned Payment Fee of \$ 50 in KY and VA; \$40 in DE and MS; \$ 35 in MD; \$30 in AL, OH, SC, TN, and TX; \$25 in AR, IL, MO, NC and WV; \$20 in IN; the greater of 5% of the check or (i) \$30 in GA or (ii) \$25 in LA; the greater of 5% of the check or (i) \$25 if the check is under \$50, (ii) \$30 if the check is between \$50 and \$300 or (iii) \$40 if the check is over \$300 in FL. Effective July 1, 2010, each returned item received by MuniServices due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. MuniServices is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item.

MUNISERVICES DISTRIBUTION CONFIRMATION

April 6, 2017

City of Albany
David Glasser
100 San Pablo Avenue
Albany, CA 94706

Dear Mr. Glasser:

Funds will be distributed in the following accounts pursuant to this Agreement:

Agency	Routing #	Account #	Distribution %	Tax Type/Rate Code
City of Albany			100%	Sugar-Sweetened Beverage Tax

If at any time there are any discrepancies between the schedule set out above and your City's records, please notify us in writing immediately.

IT IS YOUR RESPONSIBILITY TO PROVIDE NOTICE TO US OF ANY CHANGES IN TAX RATES OR IN THE DISTRIBUTION OF FUNDS. NOTICE MUST BE IN WRITING AND SENT, VIA CERTIFIED MAIL, TO:

Government Revenue Solutions, LLC (d/b/a MuniServices)
600 Beacon Parkway West, Suite 900
Birmingham, Alabama 35209
ATT: Kennon Walthall, SVP, Operations

Thank you for your assistance. If you have any questions, or if I may be of assistance, please let me know.

Sincerely Yours,
Connie Taylor
Client Relations Manager
RDS
205-423-4144 direct dial
205-423-4097 direct fax

I have reviewed the above distribution and verify that it is correct.

By:

Name:
Title:

SVP, Operations