



Customer Service	
	Toll-Free Phone: (866) 240-3665 Toll-Free Fax: (855) 219-4338 Se habla español.
	Email: <a href="mailto:OaklandBevTaxSupport@muniservices.com">OaklandBevTaxSupport@muniservices.com</a> Website: <a href="http://www.revds.com">www.revds.com</a>

**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 Oakland.
- My business brings items taxable by the Sugar-Sweetened Beverage Tax into the City of Oakland for retail sale at our own store.
- My business is not responsible for paying the Sugar-Sweetened Beverage Tax to the City of Oakland because (Check one):
  - My business is not subject to taxation by the City of Oakland, under state or federal law. (Please provide supporting documentation.)
  - My business had annual gross receipts under \$100,000 during the most recent calendar year. (Please provide supporting documentation.)
  - My business has all of its items taxable by the Sugar-Sweetened Beverage Tax delivered by other distributors\*\*. (Please 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 Oakland.  
Effective Date: \_\_\_\_\_

If business was sold, please provide the new owner's contact information:  
\_\_\_\_\_ Date Sold: \_\_\_\_\_

**Step 2 of 3: Please provide the below information for your business:**

Business Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address/PO Box City State Zip

Physical Address in Oakland: \_\_\_\_\_  
Street Address City State Zip

Business Contact/Title: \_\_\_\_\_  
(Please print.)

Contact Phone #: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

FEIN or Owner's SSN #: \_\_\_\_\_ City of Oakland Business License #: \_\_\_\_\_

**MUST COMPLETE REVERSE SIDE BEFORE REMITTING**

Remit To: City of Oakland, SSBT c/o MuniServices  
1714 Franklin St. #100-292 • Oakland, CA 94612

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

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:** \_\_\_\_\_

\*\*If your business has items taxable by the Sugar-Sweetened Beverage Tax delivered by distributors, please fill in the distributors' information the blanks below:

**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: \_\_\_\_\_