

## Sugar-Sweetened Beverage Tax Remittance Form

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

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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>

MuniServices Account #: \_\_\_\_\_

If this is your final month's remittance, check here, provide the effective date (month, day, year) in which you discontinued operation and sign/date the form before remitting.: \_\_\_\_\_

<p><b>Select Reporting Period: A separate return must be filed for each reporting period and each business location.</b> <i>Delinquency Date: To avoid additional penalties and/or interest, returns must be postmarked on or before the 15<sup>th</sup> day following the month the tax was collected. (Example: July's taxes are due on or before August 15<sup>th</sup>.)</i></p> <p>Filing Period: _____ Year: _____ Taxes for this period are due on or before _____, 15<sup>th</sup> _____</p>
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**1. Taxable Sugar-Sweetened Beverage (SSB) Distributed:**

- a. Total number of ready-to-consume ounces: \_\_\_\_\_  
*(Internal Code 9930-28-78)*
- b. Maximum ounces of beverage produced according to manufacturers' instructions (syrops, concentrates, powders, mixes, etc): \_\_\_\_\_  
*(Internal Code 9930-28-79)*
- c. Equals total number of taxable ounces (Line 1a + Line 1b): \_\_\_\_\_  
*(Internal Code 9930-28-11)*

- 2. Tax Due: Line 1c multiplied by \$ 0.01 \$ \_\_\_\_\_
- 3. Penalty: 25% of tax due (Line 2) for late payment\* \$ \_\_\_\_\_
- 4. Subtotal: Line 2 + Line 3 \$ \_\_\_\_\_
- 5. Interest: 1% per month on tax due plus penalty (Line 4) if late\* until paid \$ \_\_\_\_\_
- 6. Equals Total Amount Due: (Line 4 + Line 5) \$ \_\_\_\_\_

7. Sign your return and remit payment to TAX TRUST ACCOUNT, along with completed form, to the following remittance address:

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

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: \_\_\_\_\_

**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](http://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 as applicable in the amount set forth by law and collect that amount through an electronic fund transfer from your checking account, if permitted by applicable law. If another payment method is returned unpaid, by your bank, we may, if permitted by applicable law, charge a Returned Payment Fee.