Sugar-Sweetened Beverage Tax
City of Berkeley, CA

Business Name: _____

Business Address: _____

City:_____ **State:** ____ **Zip:** _____

Account #: _____

Total Amount Remitted with This Return:

$_____

MAKE CHECK PAYABLE TO:
CITY OF BERKELEY TAX TRUST ACCOUNT
Do not staple or tape payment to your return. Do not send cash.

Filing Period: (If you are filing for more than one filing period, please complete a separate return for each filing period.)
Returns must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest.

☐ **January** ☐ **February** ☐ **March** ☐ **April** ☐ **May** ☐ **June** ☐ **July** ☐ **August** ☐ **September** ☐ **October** ☐ **November** ☐ **December YEAR: 20 __**

Due Date: Must be postmarked on or before the 30th day for the preceding month's taxes
Delinquency Date: Tax due will be considered delinquent 1 day after the due date
(Example: December's taxes are due on or before January 30th, and considered delinquent on Jan 31st)

1. **Taxable sugar sweetened beverage (SSB) distributed**
   a. Total number of ready-to-consume ounces: _____
   b. Maximum amount of SSB produced according to manufacturers' instructions (Syrups, concentrates, powders, mixes, etc) _____
   c. **Equals total number of taxable ounces** _____
   (Internal Code 9015-28-11)
2. **Multiplied by Tax Rate:** **x $0.01 per fluid ounce**
3. **Equals Tax Due:** **$**_____
4. **Plus Penalty: Add 10% (if not paid within 30 days after delinquency date) or**
   Add 50% (if not paid after 31 days or more after delinquency date) **$**_____
5. **Subtotal: (add lines 3 & 4)** **$**_____
6. **Plus Interest: (On tax due + penalty)**
   Calculate interest at 1% per month after delinquency date **$**_____
7. **Equals Total Net Amount Due: (Add lines 5 & 6)** **$**_____
8. **Remit completed form and payment to:**

MuniServices, LLC
Attn: Sweetened Beverage Tax
2342 Shattuck Avenue #889
Berkeley, CA 94704

(Make checks payable to: CITY OF BERKELEY TAX TRUST ACCOUNT)

Toll Free Phone (866) 240-3665 •Toll Free Fax (855) 219-4388
Email: *berkeleysupport@muniservices.com*

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer's/Paid Preparer's Signature | Date Signed | Telephone | Fax

Printed Name | Email | FEIN

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