

Sugar-Sweetened Beverage Tax Remittance Form

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Avenu 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.: _____

Select Reporting Period: A separate return must be filed for each reporting period and each business location.

**Delinquency Date: To avoid additional penalties and/or interest, returns must be postmarked on or before the 15th day following the month the tax was collected. (Example: July's taxes are due on or before August 15th.)*

Filing Period: _____ Year: _____ Taxes for this period are due on or before _____, 15th _____

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

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. NON-TAXABLE Sugar-Sweetened Beverage (SSB) Distributed:

- a. Total number of ready-to-consume ounces destined for sale outside of the City by the Distributor. _____
(Internal Code 9930-28-95)
- b. Total number of ready-to-consume ounces destined for sale outside of the City by the person receiving the products. The Distributor has retained the "Outbound Distribution Certificate" to be maintained for four years. _____
(Internal Code 9930-28-96)

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

8. Sign your return and remit payment to TAX TRUST ACCOUNT, along with completed form, to:
City of Oakland, SSBT • c/o Avenu • 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:** _____

Return Check Disclaimer: Effective July 1, 2010, each returned item received by Avenu Insights & Analytics due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu Insights & Analytics is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com.