

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<br>Toll-Free Fax: (855) 219-4338<br>Se habla español.  |
|  | Email: <a href="mailto:AlbanySSBsupport@muniservices.com">AlbanySSBsupport@muniservices.com</a><br>Website: <a href="http://www.revds.com">www.revds.com</a> |

**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 20<sup>th</sup> day following the month the tax was collected.  
 (Example: April's taxes are due on or before May 20<sup>th</sup>)*

Filing Period: \_\_\_\_\_ Year: \_\_\_\_\_ Taxes for this period are due on or before \_\_\_\_\_, 20<sup>th</sup> \_\_\_\_\_

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](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 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.