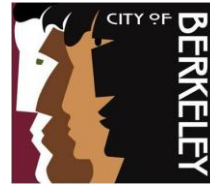


Sugar-Sweetened Beverage Tax City of Berkeley, CA



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: berkeley-support@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 _____

DISCLAIMER: Please note that the administration and rate changes on the MUNISERVICES, LLC Advisory and MUNISERVICES, LLC tax forms are updated once the required information has been received, verified and validated in compliance with MUNISERVICES, LLC policy. Any information received before or after the publication of a MUNISERVICES, LLC Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. MUNISERVICES, LLC 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, LLC administration and/or rate information provided, please visit our website at www.revds.com. **Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by MUNISERVICES, LLC due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. MUNISERVICES, LLC 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.revds.com/taxpayer/return-check-disclaimer.