

SANTA CRUZ COUNTY TREASURER-TAX COLLECTOR

CUP TAX QUARTERLY STATEMENT

SUBMIT FORM AND PAYMENT TO: 701 OCEAN STREET ROOM 150, SANTA CRUZ CA 95060
TELEPHONE (831) 454-2510 FAX (831) 454-2257

Business Name: Business Address:
Business Phone: Tax Quarter (Year)
Account No.: Q1 Jan-Mar Q2 Apr-Jun Q3 Jul-Sep Q4 Oct-Dec

To file this reporting form timely, it is due on or before the last day of the month following the reporting month. All fields must be filled in completely or form may be returned, and penalties may be assessed.

1. Quantity of Cups...
2. TAX DUE (Multiply amount on Line 1 times .25)..... \$

If your CT remittance payment is made after the due date, penalties and interest must also be calculated and remitted as follows:

3. Penalty 1: Assessed on the first day after the due date if the tax has not been paid
(Multiply amount on Line 2 by 0.25)..... \$

4. Penalty 2: Additional penalty assessed if tax remains unpaid more than one calendar month beyond the due date (Multiply amount on Line 2 by 0.25) \$

5. Interest on Tax Due. (Multiply the number of months Past Due times the amount on Line 2, and multiply that by .015)..... \$

6. Interest on Penalty 1: Interest on Penalty 1 is accrued from the first day Penalty 1 was assessed. (Multiply the number of months Past Due times the amount on Line 3, and multiply that by .015)..... \$

7. Interest on Penalty 2: Assessed when payment is made more than one calendar month beyond the due date. Interest on Penalty 2 is accrued from the first day Penalty 2 was assessed. (Multiply the number of months Past Due times the amount on Line 4, and multiply that by .015)..... \$

TOTAL Tax, Penalties, and Interest DUE (Add Lines 4 through 9)..... \$

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge and belief.

Signature

Date

Printed Name