



Department of Finance
Revenue Development Division

TRANSPORTATION NETWORK COMPANY USER TAX QUARTERLY REMITTANCE FORM

Pursuant to Berkeley Municipal Code Chapter 7.71

SELECT FILING PERIOD

Year _____ Quarter 1
Jan – Mar Quarter 2
Apr – Jun Quarter 3
Jul – Sep Quarter 4
Oct - Dec

BUSINESS INFORMATION

Registration Certification Number: _____

TNC Name: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

CALCULATION OF TRANSPORTATION NETWORK COMPANY USER'S TAX

		# of Prearranged Trips	# of Pooled Prearranged Trips
A.	Month 1 _____		
B.	Month 2 _____		
C.	Month 3 _____		
D.	Total # of Prearranged Trips (add Lines, A-C)		
E.	Tax Amount per trip	\$.50	\$.25
F.	Total Tax Amount: (multiply Lines D & E)		
G.	Exemptions, waivers, discounts, or rebates		
H.	Penalties		
I.	Interest		
	Total Amount Due (add lines F-I)		

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

Printed Name: _____ Signature: _____ Date: _____

Send remittance form to:
City of Berkeley Finance Dept. – Treasury Division
Attn: Revenue Development
2180 Milvia Street, 3rd Floor
Berkeley, CA 94704