

City of Modesto
Utility Users Tax Refund Claim

Part I

Last Name	First Name	M.I.	Social Security #
Street Address	Apt #	Zip Code	Phone Number
<p>This claim must be filed before April 15th. It must be accompanied by:</p> <ol style="list-style-type: none"> 1. Copy of all utility bills (telephone, gas, electricity and water) 2. Proof that utility taxes have been paid by claimant or some member of the household 			
Names of Other Household Members			
Name	Relationship	Age	Name

Part II

Part III

Answer These Questions	Annual Gross Household Income	Amount
<p>A. Have you paid ALL Utility Users Taxes as billed by the utility company?</p> <p style="text-align: center;">Yes _____ No _____</p> <p>B. Has any other member of your household made application for refund of Utility Users Taxes Paid?</p> <p style="text-align: center;">Yes _____ No _____</p>	1. Salaries & Wages	
	2. Other Income (Itemize)	
	3. Total Household Income	
	4. Utility Users Taxes Paid	
	5. Refund Claimed (not over \$30.00)	
<p>Dated this _____ day of _____ at Modesto, California</p> <p style="text-align: center;">(month) (year)</p> <p>I certify (or declare) under penalty of perjury that the foregoing is true and correct.</p> <p>Signed: _____</p>		

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Utility Users' Tax Refund Claim

To Qualify:

To qualify for a refund, you must be the person whose name appears on the utility bills and the total Gross income of everyone in your household must have been less than \$8,700.00 during the last calendar year or income tax year.

Refund Allowable:

The law gives you the right to a refund of Utility Users' taxes paid, but not more than \$30.00 if you qualify.

Your Claim:

Your claim is to be filed with the **City of Modesto Finance Department**, located at **1010 10th Street, Suite 2100**, or mailed to **P.O. Box 642, Modesto, CA 95353**, during the period January 1, through April 15, for the Utility Users' Taxes paid during the past twelve-month period ending on December 31. No claim can be accepted if filed or postmarked later than April 15. Answer all questions and fill in the blanks. PRINT clearly in ink.

Names of Other Household Members:

List the name, relationship and age of every person who was a member of your household during your last Federal or State income tax reporting period. If none, so indicate. Household members include your spouse (if living with you) and everyone qualified as a dependent for income tax purposes. **Be sure** to include the income of all of these household members with your income in Part III of the claim form.

Part II: Answer Questions A and B.

Part III: Household Income:

List all household income received during your last Federal or State income tax reporting period. Household income is your income and the income of all household members listed in Part I of the claim form from salary or wages, tips, fees, charges, together with the net income from all sources of all kinds, including but not limited to alimony, support money, cash public assistance and relief, pensions, annuities, social security, interest on securities (including tax-free interest on governmental securities), realized capital gains, workers' compensation (not including medical benefits), unemployment insurance income, insurance benefits of all kinds (other than medical), and gifts, except that income shall not include Medicare benefits, Medicaid benefits, gifts of food and gifts between members of the household, the receipt of surplus food or other relief in kind supplied by a governmental agency.

Proof of Payment:

The paid bills must support total utility users' taxes paid. Please send the entire bill. If the name and address are missing, payment will not be made. Utility companies have no obligation to make or furnish, for refund purposes, proof of utility taxes due or paid. When you bring or mail your claim to the Finance Department, the receipts will be returned to you through the mail.

Questions regarding eligibility, income, etc., should be directed to the **Finance Department/Utility Refund**. The telephone number is (209) 577-5395.