



Culver CITY

FINANCE DEPARTMENT

9770 CULVER BOULEVARD, CULVER CITY, CALIFORNIA 90232

(310) 253-5865

FAX (310) 253-5880

UTILITY USERS' TAX PROCEDURE FOR CLAIMING REFUND

Section 3.08.235 of the Culver City Municipal Code provides for a refund of Utility Users' Taxes to the following:

- a. Any individual sixty (60) years of age or older, whose Total Adjusted Gross Income for the claim year was no more than \$18,200; provided that the combined Adjusted Gross Income* of all members of the household was no more than \$21,500.
- b. Any individual who meets the criterion of disability, as established by the Social Security Administration's Supplemental Security Income (SSI) Program for the Aged, Blind, and Disabled (Title XVI of the Social Security Act as amended), without regard to the age of such disabled individual.

* Definition for "Adjusted Gross Income" shall be the same as used for purposes of the California Personal Income Tax Law.

A copy of your California Income Tax Return for the claim year must be presented when filing your refund. If actual tax amounts paid are listed for refund, the paid utility bills verifying the tax paid must be presented with the claim. The Chief Financial Officer may also require such additional supporting data as needed to verify information given.

Claim for a refund of tax paid during any calendar year must be filed no later than December 31st of the following calendar year. In the event no refund is applied for within this prescribed time, all right to claim such a refund shall be considered to be void and extinguished permanently.

FILE APPLICATION FOR REFUND AT:

City of Culver City – Finance Department
9770 Culver Boulevard, Culver City, CA 90232
Phone: (310) 253-5865
Email: accounts.receiveable@culvercity.org
Hours: Monday to Friday 7:30 AM to 5:30 PM
(Closed on alternate Fridays)

FOR CULVER CITY RESIDENTS ONLY



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UTILITY USERS' TAX REFUND CLAIM

PAID FOR CALENDAR YEAR OF _____

SECTION ONE: (PLEASE PRINT ALL INFORMATION LEGIBLY)

| |
|---|
| Applicant's Name: |
| Facility: |
| Service Address: |
| Did you file a claim in previous years? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/> |

SECTION TWO:

LIST OF PAID UTILITY USERS' TAXES FOR CLAIM YEAR

(PAID UTILITY BILLS MUST BE PRESENTED WITH CLAIM.)

| | AT&T or Verizon | So. California Gas | So. California Edison | Golden State Water | LA Dept of Water & Power | Spectrum |
|---------------|--------------------|-----------------------|--------------------------|-----------------------|-----------------------------|----------|
| January | | | | | | |
| February | | | | | | |
| March | | | | | | |
| April | | | | | | |
| May | | | | | | |
| June | | | | | | |
| July | | | | | | |
| August | | | | | | |
| September | | | | | | |
| October | | | | | | |
| November | | | | | | |
| December | | | | | | |
| TOTALS | | | | | | |

SECTION THREE:

Select One:

- ☐ My Adjusted Gross Income per California Income Tax Return: \$ _____
- OR**
- ☐ I am not required to file a California Income Tax Return, because I do not meet the filing requirements.

I CERTIFY UNDER THE PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Applicant's Signature: _____ Date: _____