

## **TELECOMMUNICATION USERS TAX**

**Registration Form** 

City of San Jose – Finance Revenue Management 200 E. Santa Clara Street San Jose, CA 95113 Phone (408)535-7055 Fax (408)292-6488 www.csjfinance.org

Please Check One:	Please Indica	Please Indicate Provided Service(s):		
Initial Registration	Telephone	Cellular	VOIP	
Change of Ownership	Prepaid Cards	Other		
Update Information	Start Date In	Start Date In San Jose		
Name of Company				
Business Address	Str	reet		
City  Mailing Address  (if different)	State	<u>.</u>	Zip Code	
	Stı	reet		
City	State	<u> </u>	Zip Code	
Owner Information				
Tax Manager /	Name		Phone	
Preparer Information	Name		Phone	
Additional Contact	Name		Phone	
declare under penalty of perj orrect.	ury that all of the information pro	ovided in this regis	tration form is true and	
 Date	Signature	Print I	Name & Title	