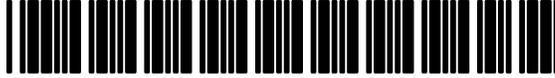




**UTILITY FRANCHISE FEE  
REPORT**

Make Remittance Payable To:  
**PARISH AND CITY TREASURER**

**City Of Baton Rouge – Parish of East Baton Rouge**  
**Dept. of Finance – Revenue Division**  
P O Box 2590  
Baton Rouge, LA 70821-2590  
Phone (225) 389-3084 Fax (225) 389-5369  
[www.brgov.com/dept/finance](http://www.brgov.com/dept/finance)



Business Name: \_\_\_\_\_ Account No: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Type: **7001 MISCELLANEOUS UTILITIES**

Total Gross Receipts for the Quarter Ended \_\_\_\_\_:

- 1) Month 1 Receipts \_\_\_\_\_
- 2) Month 2 Receipts \_\_\_\_\_
- 2) Month 3 Receipts \_\_\_\_\_

Tax Basis (Total Gross Receipts for all Months): \_\_\_\_\_  
Tax (5% of Gross Receipts): \_\_\_\_\_  
Penalty (5% per month after delinquent date): *Note: Maximum Penalty is 25%* \_\_\_\_\_  
Interest (1.25% per month after delinquent date): \_\_\_\_\_  
Total Due (Tax + Penalty + Interest): \_\_\_\_\_

CHECK #	TOTAL REMITTED
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Tax Due on or before **25<sup>th</sup>** day of the month following the period covered by this return.  
For Assistance call (225) 389-3084

The undersigned, \_\_\_\_\_, does hereby swear that the above is a complete and true exhibit of the operations of the individual company represented herein.

\_\_\_\_\_  
**Date Signature Title**

For Office Use Only: Postmark Date: Return Type: FORM 1