



UTILITY FRANCHISE FEE FORM

**CITY OF MT. WASHINGTON
P.O. Box 285
311 Snapp Street
Mt. Washington, KY 40047**

Name of Utility: _____

Address of Utility: _____

Quarter End Date: _____

1. Gross Receipts for Natural Gas for City of Mt. Washington _____
2. Gross Receipts for Electricity for the City of Mt. Washington _____
3. Billings and Adjustments for period prior to Jan 1, 2019
not subject to Franchise Fees _____
4. Total Amount of Gross Receipts (line 1 + line 2 – line 3) _____
5. Amount of Franchise Fee Assessed during the Quarter (5 % of Line 4) _____
6. Net Charge-Off/Recoveries of Franchise Fees from prior periods _____
7. Amount of Franchise Fee Due (line 5 + line 6) _____

IMPORTANT: This form must be postmarked no later than 45 days after the end of the quarter to avoid the assessment of interest. Remit total amount due. Make check payable to: City of Mt. Washington, P.O. Box 285, 311 Snapp Street Mt. Washington, KY 40047.

ATTN: City Administrator

I declare under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief, it is a true, correct, and complete form.

Print Name of Preparer and Title

Signature of Preparer

Date:

Preparer's Telephone Number (____) _____