

COUNTY OF SONOMA
AUDITOR-CONTROLLER TREASURER-TAX COLLECTOR
NEW DIRECT CHARGE TAX CODE REQUEST FORM

Please use this form to request a tax code for a new direct charge. If this is the first year the agency or district is levying a charge, a fully executed Agreement for Collection of Direct Charges is required along with a copy of the Board's Resolution, Ordinance or other authoritative document.

Agency/City/District Name: _____

New or Existing District: _____
(New if not currently receiving any form of property tax revenue)

Description of Charge: _____

Charge Name for Tax Bill: _____
(Suggested name of charge to appear on tax bills. 25 character limit)

Effective Date: _____ Expiration Date: _____

Direct Charge Type: _____
(e.g. Special Taxes, Assessments, Fees & Charges, Abatements, Delinquent Fees & Charges, etc.)

Tax Rate Area(s): _____
(Geographical area where charge is authorized)

Authority to levy charge: _____
(e.g. Government Code, Resolution, Ordinance, Statute, Ballot Measure, etc.)

Treatment of Funds: _____
(Existing Districts: Allocate to existing fund, or allocate to new fund?
New Districts: Remit balance via check, ACH* or wire? If ACH, please complete W9 & ACH Enrollment Form. *ACH is preferred method)

Taxpayer Contact Name: _____
(Person in District office that taxpayers can contact with questions)

Tax Bill Phone Number: _____
(District phone number will appear on tax bill for tax payers to contact with questions. Tax payers must be able to reach a person.)

For Internal Use Only:

Tax Code: _____ Gov Code: _____

Date Added: _____ Agreement on File: _____

New Fund? _____ Remittance? _____

Notes: _____