

CITY OF CLEARWATER FUEL OIL TAX REMITTANCE FORM

FORM 9821-0014 : Rev. 6/17/98

Please complete form and return to:

Finance Department
City of Clearwater
P.O. Box 4748
Clearwater, Florida 33758-4748

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Collections for the month of: _____

REVENUES AND TAX COMPUTATION:

Date: _____

I hereby certify that sales of fuel oil subject to the City of Clearwater, Florida, utility tax from _____ to _____ (dates) were _____ (total sales in gallons subject to tax).

At the rate of \$.04 per gallon, the amount due to the City of Clearwater \$ _____ , is enclosed.

SUBMITTED BY:

Company name: _____

PO Box or street address: _____

City, State, Zip Code: _____

Submit tax amount due to:

City of Clearwater
Finance Department
P. O. Box 4748
Clearwater, FL 33758-4748

Telephone: 727-562-4526
Fax: 727-562-4535

CERTIFICATION:

I hereby certify that this report was examined by me and is to the best of my knowledge and belief true, correct and complete.

(Signature and title)

(Date)

Taxes are due on or before the 20th day of each calendar month in accordance with City Ordinance Article III Public Service Tax.