

CITY OF CLEARWATER PROPANE TAX REMITTANCE FORM

Finance Department  
City of Clearwater  
P.O. Box 4748  
Clearwater, Florida 33758-4748  
Rev. 6/17/98

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Date: \_\_\_\_\_ (Date this form was prepared)

Bottled Gas Sales for the month of: \_\_\_\_\_

Aggregate bottled gas sale(s) subject to tax : \_\_\_\_\_

Public Service Tax of 10% due (Article III, Sec. 29.72): \_\_\_\_\_  
(10% of bottled gas sales)

SUBMITTED BY:

Company name: \_\_\_\_\_

PO Box or street address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Submit tax amount due to:

City of Clearwater Telephone: 727-562-4526  
Finance Department Fax: 727-562-4535  
P. O. Box 4748  
Clearwater, FL 33758-4748

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.