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

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
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.