

CITY OF MELBOURNE
REVENUE DIVISION
900 EAST STRAWBRIDGE AVENUE
MELBOURNE, FLORIDA 32901

UTILITY TAX
REPORTING FORM

DATE _____

COMPANY NAME _____

COMPANY STREET ADDRESS _____

COMPANY CITY, STATE & ZIP CODE _____

COMPANY TELEPHONE NUMBER () _____

COMPANY FAX NUMBER () _____

COMPANY FEDERAL TAX ID# _____

COMPANY CONTACT PERSON _____

COMPANY CONTACT PERSON TITLE _____

UTILITY TAX FOR THE MONTH/YEAR OF _____

NOTE: THIS TAX RETURN, WITH 100% OF THE TAX DUE, MUST BE POSTMARKED BY THE 20TH CALENDAR DAY FOLLOWING THE END OF THE CALENDAR MONTH SHOWN ABOVE.

(A) TOTAL CHARGES SUBJECT TO UTILITY TAX	\$ _____
(B) TAX RATE	_____ x10%
(C) UTILITY TAX DUE	\$ _____

THIS REMITTANCE FORM HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE AND COMPLETE STATEMENT FOR THIS MONTHLY TAX PERIOD.

SIGNERS SIGNATURE _____

SIGNERS PRINTED NAME _____

SIGNERS PRINTED TITLE _____

SIGNERS PHONE NUMBER _____

SIGNERS EMPLOYER _____