

## MUNICIPAL PUBLIC SERVICE TAX

Company Name \_\_\_\_\_

Month End or Quarter End Date \_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Water       |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> L.P. Gas    |
| <input type="checkbox"/> Fuel Oil    | <input type="checkbox"/> Other _____ |

Total Utility Service	
Less: Exempt Customer Sales	( _____ )
Taxable Utility Service	
Tax (10% of Taxable Utility Service)	
Less: Collection Allowance of 1%*	
<b>TOTAL TAX DUE</b>	
<b>Service amounts for fuel oil are in gallons and the tax is \$.04/gallon</b>	

I certify that the information is to the best of my knowledge and belief a true and correct statement.

Name \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_  
Signature

Mail To: City of Orlando  
 Revenue Collections  
 400 S. Orange Ave.  
 Orlando, FL 32801-3365

*Returns are due the 20th day following the period end.  
 \*Late returns may not take the collection allowance.  
 Taxation details found in City Ordinance 54A, as provided for in Florida Statute 166.*