

PUBLIC SERVICE TAX PAYMENT

To: **City of Sarasota**
Finance Director, Rm 114
1565 1st Street
Sarasota, Florida 34236



Reporting Month:

_____, 20
Month Year

Please use this form for the computation and remittance of the Public Service Tax due the City of Sarasota. Under Ordinance #86-2960, and the Code of the City of Sarasota, Florida, Sec. 32-16 through 24, a tax is levied for any and all public services within the City of Sarasota.

Check one: _____ **Natural Gas · metered** [Tax rate = 10%]
_____ **Liquid Gas · bottled** [Tax rate = 10%]
_____ **Fuel Oil** [Tax rate = \$0.04 per gal]

1. Gross Sales from services (within City limits or billing addresses)	\$ _____
2. Less – Adjustments for non-Taxable/Exempt Services	\$ _____ (_____)
3. Net Taxable Revenues (Line 1 minus Line 2)	\$ _____
4. Gross Tax (service rate above applied to line #3)	\$ _____
5. Less - Sellers Compensation (1% of line 4 if return mailed by 20th)	\$ _____ (_____)
6. Tax Due the City of Sarasota (Line 4 minus line 5)	\$ _____

Submitted by: **Company Name:** _____
Address: _____
City/State: _____
Contact Person _____
Telephone # Area Code (_____) _____
Tax ID # _____
E-mail address _____

Certification: *I hereby certify that this report has been examined by me and is to the best of my knowledge and belief true, correct and complete.*

Date: _____ **Signature:** _____
Title: _____

This form must be submitted each month with your remittance not later than the twentieth day of the following month to the City of Sarasota even though your firm may not have collected any Tax for the City during that month. Make checks payable to the City of Sarasota.

If there are any questions about this form or about the Public Service Tax, please call Chief Financial Management Analyst Marjorie Holman at (941) 954-4114 or e-mail Marjorie.Holman@SarasotaGov.com