



Public Service Tax

To: **City of Sarasota**
Finance Director, Rm 114
P.O. Box 1058
Sarasota, Florida 34230-1058

Report for the Month of: _____, _____

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: **Fuel Oil \$0.04 per gal** ____; **Natural Gas(metered) 10%** ____;
Gas (bottled) 10% ____; **Water 10%** ____

- | | |
|---|--------------|
| 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 20 th) | \$ (_____) |
| 6. Tax Due the City of Sarasota (Line 4 minus line 5) | \$ _____ |

Submitted by: **Company Name:** _____

Address: _____

City/State _____

Contact Person _____

Telephone # (____) _____

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 Gary J. Laubacker at (941) 954-4114 or e-mail address - Gary_Laubacker@sarasotagov.com