



# CITY OF ORLANDO

## MUNICIPAL PUBLIC SERVICE TAX

COMPANY  
NAME

Month Ended \_\_\_\_\_  
 Quarter \_\_\_\_\_

Acct. Number \_\_\_\_\_

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

Electricity       Water  
 Natural Gas       L. P. Gas  
 Fuel Oil       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>_____</b>

Service amounts for fuel oil are in gallons and the tax is \$.04/gallon

I certify that the above 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 on 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 Statutes 166.