

CITY OF PANAMA CITY
LICENSE TAX RETURN

LOCAL BUSINESS TAX RETURN
(PURSUANT TO PROVISIONS OF ORDINANCE NO. 639)

TO: CITY OF PANAMA CITY, FLORIDA

THE UNDERSIGNED SAYS: THAT HE(SHE) IS DULY AUTHORIZED TO SIGN THIS TAX RETURN ON BEHALF OF THE LISTED BUSINESS FOR THE PURPOSE OF OBTAINING THE CITY LOCAL BUSINESS LICENSE TO CARRY ON SAID BUSINESS; THAT THE STATEMENTS HEREIN CONTAINED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND THAT THE GROSS SALES OF SAID BUSINESS DURING THE LISTED MONTH ARE AS FOLLOWS:

DATE _____
MONTH PAID _____
CH NO. _____
RETL. SALES _____
TAX _____
WHOLESALE _____
TAX _____
ADJSTMNTS _____
DISCOUNT _____
TOTAL REMITTED _____
\$ _____

| | TOTAL SALES | TOTAL TAX |
|--|-------------|-----------|
| RETAIL SALES (1% OF GROSS RECEIPTS) | | |
| WHOLESALE SALES (.05 % OF GROSS RECEIPTS) | | |
| ADJUSTMENTS (EXPLAIN) | | |
| LESS 3% DISCOUNT(IF PAID BY 20TH OF MONTH) | | |
| TOTAL REMITTED (MINIMUM OF \$1.50) | | |

RETURN THIS PORTION WITH CHECK TO CITY OF PANAMA CITY, OR PAY ON LINE AT WWW.CITYOFFANAMACITY.COM. PAYMENT MAY BE MADE BY CREDIT CARD.

BY: _____
SIGNATURE AND TITLE

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