

**DEPARTMENT OF SOLID WASTE MANAGEMENT  
DISPOSAL FACILITY FEE MONTHLY REPORT  
FOR MONTH ENDING \_\_\_\_\_**

Reporting Hauler \_\_\_\_\_

Prepared By \_\_\_\_\_

**Gross receipts for Solid Waste collection, transportation, or disposal service must be included with this report.**

<u>Materials</u>	<u># of Accounts</u>
Solid Waste	_____
C&D	_____
Recyclables	_____

	<u>Current Month</u>	<u>Fiscal Year to Date</u>
<b>Line A Gross Receipts – Solid Waste accounts <u>only</u></b>	<u>0.00</u>	_____
<b>Line B 15 % Disposal Facility Fee (Line A x .15)</b>	<u>0.00</u>	_____
<b>Line C 2.5 % Administrative Cost Allowance (Line B x .025)</b>	<u>0.00</u>	_____
<b>Line D Net Due to DSWM (Line B less Line C)</b>	<u>0.00</u>	_____
<b>Line E 1% Monthly Surcharge (Line B x .01) - Delinquent charge on prior month(s) receipts if applicable</b>	<u>0.00</u>	_____
<b>Line F Total Due to DSWM (Sum of Line D and Line E)</b>	<u>0.00</u>	_____

**General Instructions:**

Report must accompany payment and monthly gross receipts.

**Payment is due by 25<sup>th</sup> of each month.**

Adjustments must be approved by the Department and supporting documentation attached.

Information on this report is subject to audit by Miami-Dade County.

By signing below, I certify that the information contained herein and any attachments are true and correct to the best of my knowledge. I also understand that any false statements, omissions or fraudulent misrepresentations on this form may be subject to the imposition of penalties/sanctions as per the governing legislation.

**Mailing Address:**

DEPARTMENT OF SOLID WASTE MANAGEMENT  
Attn: Accounting Division  
2525 NW 62<sup>nd</sup> Street, Suite 5400  
Miami, FL 33147

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SAMPLE FORM – DO NOT SUBMIT THIS PAGE**

**DEPARTMENT OF SOLID WASTE MANAGEMENT  
DISPOSAL FACILITY FEE MONTHLY REPORT  
FOR MONTH ENDING January 2019**

Reporting Hauler ABC Waste  
Prepared By John Doe

**Gross receipts for Solid Waste collection, transportation or disposal service must be included with this report.**

<u>Materials</u>	<u># of Accounts</u>
Solid Waste	<u>50</u>
C&D	<u>25</u>
Recyclables	<u>15</u>

	<u>Current Month</u>	<u>Fiscal Year to Date</u>
<b>Line A Gross Receipts – Solid Waste Accounts <u>only</u></b>	<u>\$100.00</u>	<u>\$100.00</u>
<b>Line B 15 % Disposal Facility Fee (Line A x .15)</b>	<u>\$ 15.00</u>	<u>\$ 15.00</u>
<b>Line C 2.5 % Administrative Cost Allowance (Line B x .025)</b>	<u>\$ 0.38</u>	<u>\$ 0.38</u>
<b>Line D Net Due to DSWM (Line B less Line C)</b>	<u>\$ 14.62</u>	<u>\$ 14.62</u>
<b>Line E 1% Monthly Surcharge (Line B x .01) - Delinquent charge on prior month(s) receipts if applicable</b>	<u>\$ 0.15</u>	<u>\$ 0.15</u>
<b>Line F Total Due to DSWM (Sum of Line D and Line E)</b>	<u>\$ 14.77</u>	<u>\$ 14.77</u>

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**Mailing Address:**

DEPARTMENT OF SOLID WASTE MANAGEMENT

Attn: Accounting Division

2525 NW 62<sup>nd</sup> Street, Suite 5400

Miami, FL 33147

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John Doe  
Print Name

John Doe  
Signature

2/20/19  
Date