EXCISE TAX RETURN

1 UNINCORPORATED DADE RECEIPTS
(TOTAL SALES FOR COLLECTION PERIOD)

2 EXEMPTED RECEIPTS
(PER FLORIDA STATUTES)

3 TAXABLE RECEIPTS
(SUBTRACT LINE 2 FROM LINE 1 AND ENTER)

4 TAX BILLED
(ENTER AMOUNT OF TAX PER
INSTRUCTIONS)

5 TAX COLLECTED
(ENTER AMOUNT OF TAX
COLLECTED THIS PERIOD)

6 LESS: COLLECTION ALLOWANCE
(1% OF LINE 5, ONLY TELECOMMUNICATIONS) 0.00

7 NET TAX
(SUBTRACT LINE 6 FROM LINE 5 AND ENTER)

![](https://i.imgur.com/12345678.png)

8 PLUS: PENALTY
(1% OF LINE 5, TIMES NUMBER OF
DELINQUENT MONTHS)

9 TOTAL FOR THIS PERIOD
(ADD LINES 7 AND 8 AND ENTER)

PREPARER'S SIGNATURE ______________________ DATE ________

PRINT NAME ______________________ TELEPHONE ________

OFFICER'S SIGNATURE ______________________

PRINT NAME ______________________

In accordance with the provision of the Dade County Code, Sec 29-36 through 29-42 as amended, the seller filing this return entered the amount of tax stated on this form upon invoices rendered to customers made in the unincorporated area of Miami-Dade County during the month covered by this return, and remits herewith the amount of such tax as shown hereon.

The company provides or supplies:
(Enter percentage)

% WATER
% ELECTRICITY
% FUEL OIL
% OTHER

Send this form in the enclosed envelope
Along with your check payable to:

DADE COUNTY TAX COLLECTOR
140 West Flagler St., Room 1208
Miami, FL 33130 Phone (305) 375-5228