



**MIAMI-DADE COUNTY  
FINANCE DEPARTMENT**  
TAX COLLECTION DIVISION

Collection Period \_\_\_\_\_

Return and payment due by \_\_\_\_\_

I HEREBY CERTIFY THAT I have the authority to execute and file return, that I have examined and am familiar with its contents and the records from which they were secured and that this is true and complete, to the best of my knowledge and belief.

PREPARER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\_\_\_\_\_  
OFFICER'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

**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)	<b>0.00</b>
7	NET TAX (SUBTRACT LINE 6 FROM LINE 5 AND ENTER)	
8	PLUS: PENALTY (1% OF LINE 5, TIMES NUMBER OF DELINQUENT MONTHS)	
9	TOTAL FOR THIS PERIOD (ADD LINES 7 AND 8 AND ENTER)	

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

**NAME/ADDRESS CHANGE**

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>CITY:</b>	
<b>STATE:</b>	<b>ZIP:</b>