



City of Miami Surcharge Remittance Report
City Ordinance 13257



PROPERTY NUMBER

BUSINESS TAX RECEIPT #

CERTIFICATE OF USE #

PARKING FACILITY LOCATION: ** Provide in order to post properly.**

Return for the month and year of:

Please exclude sales tax and surcharge from all amounts

PAYMENT TYPE	MONTHLY NET REVENUE
Daily (Visitor/Transient)	
Lease (Monthly)	
Validation	
Event	
Meter/Coin	
Other ()	
Total	

SURCHARGE COLLECTIONS DUE:

(A) Total Net Revenue Collected:	
(B) Surcharge Due: [(A) x .15 = tax due]	
(C) Penalty [(B) x .10]	
(D) Interest [(B) x .01 x # of months late]	
(E) Total Penalty and Interest: [(C) + (D)]	

Total to be paid with this return (B) + (E)

REMITTER'S NAME AND MAILING ADDRESS:

Please indicate month for penalty & interest
 if different than current payment _____

I declare that this declaration has been examined by me and to the best of my knowledge and believe is a true, correct and complete declaration.

A non-sufficient funds fee will be assessed if a check is returned from bank for any reason.

Signature of surcharge payer or agent

Print Name

Telephone Number

Date

Make checks payable to: **City of Miami**
PO Box 862634
Orlando, FL 32886-2634