

CITY OF TAMPA MONTHLY REPORT FOR SELLERS OF FUEL OIL

FOR THE MONTH OF _____

Send to: CITY OF TAMPA
REV&FIN/FUEL
306 E. JACKSON ST., 7E
TAMPA, FL 33602

FEIN: _____

PART A: Enter City fuel oil taxes **collected** in this part.

Taxes Collected on Distillates—
Oil Types 1 & 2 & Kerosene

Taxes Collected on Fuel Residuals—
Fuel Oil Types 4, 5 & 6

1. Commercial \$ _____ + \$ _____ = \$ _____

2. Residential \$ _____ + \$ _____ = \$ _____

3. TOTAL Taxes \$ _____ + \$ _____ = \$ _____
Collected (line 1+2)

PART B: If you **used** fuel oil, complete all lines below. Do not include any fuel oil that you sold in this section; that should be reported in Part A.

4. Total fuel oil used _____ Gallons _____ Gallons

5. Less nontaxable amounts _____ Gallons _____ Gallons

6. Taxable fuel oil used _____ Gallons _____ Gallons
(line 4 less line 5)

7. Tax Rate X \$.04 X \$.04

8. Tax on fuel oil used \$ _____ + \$ _____ = \$ _____
(line 6 times line 7)

TOTAL TAX DUE (line 3 plus line 8) \$ _____

This report and payment of tax are due by the **20th** of the month following the month being reported. Sellers must file reports monthly even though no tax is due. Complete and accurate records must be kept to support all purchases and sales, together with a record of the tax collected thereon. Such records shall include sales tickets, purchase invoices, and other records as may be deemed necessary to determine the correct tax due. Said records shall be kept open at any time during business hours for inspection by duly authorized officers or agents of the City.

AFFIDAVIT

This return has been examined by me and to the best of my knowledge it is true and complete for the taxable period indicated and is made in good faith.

Company Name: _____ Signature/Title: _____

Address: _____

Phone Number _____ Email Address: _____

Contact Name (Please Print) _____

Please Print Address Changes Here 

FUEL Oil Tax Remittance

Please submit to Caryn.Kirley@tampagov.net