



**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 ( )	
<b>Total</b>	

**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**