

**BUSINESS TAX REGISTRATION RETURN**

License # \_\_\_\_\_

Return this Portion with Check to: **City of Panama City Beach, Attn: Business Registration Department**  
850-233-5100 **116 S. Arnold Road, Panama City Beach, FL 32413**

**Business Name:** \_\_\_\_\_

**Month Reporting:** \_\_\_\_\_

**Total Sales**

**Total Tax**

**Retail Sales**

(Tax is 1% of Gross Receipts)

**Gross Wholesale Receipts – (If Applicable)**

(Tax is 0.15% of Gross Wholesale Receipts)

**Less 3% Discount**

(Paid by the 10<sup>th</sup> of month for which tax is due)

**Plus 8% Penalty of Tax Amount**

(Per month assessed for late filing)

**Total Remitted Herewith**

**Remarks: Open Closed**

**BY:** \_\_\_\_\_

**Signature & Title**

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