

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 10th 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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