



CITY OF SANFORD  
UTILITY TAX RETURN & REMITTANCE

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed for the Month of \_\_\_\_\_

Amount of Taxable Sales for the above month \_\_\_\_\_

Tax Rate 10%

Amount of Utilities Tax remitted herewith \$ -

I certify to the accuracy and completeness of the above report.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Remit Payment and Completed Form to:  
City of Sanford  
Finance Department  
P.O. Box 1788  
Sanford, FL 32772-1788