## BUSINESS REGISTRATION TAX RETURN

**License #_____**

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

| **Month Reporting: _____** | **Total Sales** | **Total Tax** |
|---|---|---|
| **Retail Sales** (Tax is 1% of Gross Receipts) | _____ | _____ |
| **Less 3% Discount** (Paid by the 20th 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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