

DUVAL COUNTY CONVENTION — TOURIST DEVELOPMENT TAX RETURN DUVAL COUNTY TAX COLLECTOR 231 E FORSYTH STREET ROOM 212 JACKSONVILLE, FL 32202-3370 PHONE: (904) 630-2022 FAX: (904) 630-7134 WEBSITE: www.coj.net/tc

ACCOUNT NUMBER:	
DISTRICT:	
PERIOD:	
DUE DATE:	

BUSINESS NAME, ADDRESS & PHONE:

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LOCATION ADDRESS:

File and pay on or before the 20th day of each month following collection.

THIS RETURN IS SUBJECT TO AUDIT BY THE TAX COLLECTOR DUVAL COUNTY, FLORIDA

- 1. GROSS RENTALS: Enter the total amount of rentals for the reporting period.
- 2. EXEMPT RENTALS: Enter any rentals exempt from the Convention Tourist Development Tax.
- 3. TAXABLE RENTALS: Enter amount of taxable rentals (line 1 minus (-) line 2).
- 4. TOTAL TAX COLLECTED: Enter the total of Convention Tourist Development Tax Collected, 6% of taxable receipts.
- 5. ADJUSTMENTS: Over / Under payments. (Substantiation Required)
- 6. TOTAL TAX DUE: Enter the total of line 4, subtract line 5 for over payments or add line 5 for under payments.
- 7. LESS COLLECTION ALLOWANCE: Enter 2.5% of the first \$1,200. 00 of (line 4) if this return is filed correctly within 20 days from the last day of the reporting (collection) period.
- 8. PENALTY : If delinquent (filed after the 20th of the month following the reporting period), enter 10% of the amount of line 6 for each month or fraction thereof, not to exceed 50% in the aggregate, but in no case shall the delinquent penalty be less than \$50.00.
- 9. INTEREST: If delinquent (filed after the 20th of the month following the reporting period), enter the amount of line 4 times (x).000246575 times (x) number of days delinquent. (POSTMARK DATE).
- 10. TOTAL AMOUNT DUE: Enter total due with return, add line 6, minus (-) line 7, plus (+) line 8 and 9.

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1. GROSS RENTAL RECEIPTS:	
2. EXEMPT RENTAL RECEIPTS:	
3. TAXABLE RENTAL RECEIPTS:	
4. TOTAL TAX COLLECTED: 6%	
5. ADJUSTMENTS:	
6. TOTAL TAX DUE:	
7. LESS-COLLECTION ALLOWANCE:	
8. PLUS - PENALTY:	
9. PLUS - INTEREST:	
10. TOTAL AMOUNT DUE:	

ACCOUNT NUMBER:	
DISTRICT:	
PERIOD:	
DUE DATE:	

BUSINESS NAME & ADDRESS:

PLEASE MAIL OR BRING THIS NOTICE RECEIPT WITH YOUR REMITTANCE MAKE CHECKS PAYABLE TO DUVAL COUNTY TAX COLLECTOR

PRINTED NAME _____