



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**LP GAS ODORIZERS / IMPORTERS
QUARTERLY REMITTANCE REPORT**

NICOLE "NIKKI" FRIED
COMMISSIONER

Section 527.23, Florida Statutes
Rule 5J-20.004, Florida Administrative Code

Remit Payment Online at:
www.FDACS.gov

- or -

Check or Money Order payable to
FDACS and mail with application
to:

FDACS
P.O. Box 6700
Tallahassee, Florida 32314-6700

INSTRUCTIONS

This form is required for verification of assessments due on sales or import of odorized propane gas pursuant to Section 527.23, Florida Statutes. Complete this form and return it **WITH YOUR REMITTANCE PAYMENT** to the address listed in the upper, right corner **within 45 days of the applicable quarter-ending date.** THE QUARTER ENDING DATES ARE SEPTEMBER 30, DECEMBER 31, MARCH 31, AND JUNE 30. PENALTIES MAY BE ASSESSED FOR LATE OR NON-PAYMENT PURSUANT TO CHAPTER 527, FLORIDA STATUTES.

CALCULATING YOUR ASSESSMENT: Calculate the amount of the assessment due using the table below. EACH LOAD MUST BE DOCUMENTED SEPARATELY BY TICKET OR BILL OF LADING NUMBER. The "Load Tracking Sheet" included with this form may be used to record each load, or you may attach supporting schedules that include the required information. Extra copies of the form may be made, as-needed. Make sure information recorded below includes totals from all attachments.

If you wish to submit load tracking information in electronic format, the information can be emailed to LPGASPERC@FDACS.gov. Please indicate the format of the document when sending and include your email address and a contact phone number.

IF YOUR ASSESSMENT IS BEING PAID BY YOUR GAS SUPPLIER, PLEASE RETURN THIS FORM WITH A LIST OF YOUR SUPPLIER(S)' NAME(S) AND PHONE NUMBER(S).

| | | | |
|--|--------------------------|---------------------|-----------------|
| Company Name | | Company Id | |
| Mailing Address of Business: | | | |
| City | | State | Zip Code |
| Contact Person (name & title): | | | |
| Phone Number () | Fax Number () | Email Adress | |
| FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: | | | |

Questions should be
directed to: (850) 410-3664

F&A Use Only

Org. Code: 42 10 09 10 000
EO A2
Object Code: 001208

**PAYMENT IS BEING SUBMITTED FOR
STATE FISCAL YEAR: 20 __
QUARTER:**

Company ID:

Name:

ASSESSMENT CALCULATION TABLE

1. Enter Total Gallons Imported into or Odorized in Florida (from Column A of Load Tracking Sheet)

2. Enter Total Gallons sold for consumption outside of Florida (from Column B of Load Tracking Sheet)

3. **Total** gallons to which assessment is to be applied (subtract line 2 from line 1)

4. **AMOUNT DUE: Multiply amount on line 3 x \$.003 & enter here »** **\$**

I hereby certify that I was the owner of the stated volumes of propane at the time they were odorized in Florida or imported into this state and that the information contained in this report is true and accurate.

SIGNATURE:

PRINT NAME & TITLE:

CONTACT PHONE NUMBER:

DATE COMPLETED:

FOR BUREAU USE ONLY

REVIEWED

BY: _____

DATE POSTED: ____/____/____

