

Order for Documentary Surtax Stamps

To: **DEPARTMENT OF REVENUE**
BUREAU OF DOCUMENTARY STAMP TAX
TALLAHASSEE, FLORIDA 32304

_____, 19____

From: Name _____

P. O. Box Number _____

_____ City State Zip Code

Please send me the following Documentary Surtax Stamps:

| Quantity | Denomination | Value |
|----------|--------------|-----------|
| | \$.55 | |
| | \$ 1.10 | |
| | \$ 5.50 | |
| | \$ 11.00 | |
| | \$110.00 | |
| | TOTAL | \$ |

Enclosed is check No. _____ dated _____ Amount \$ _____

(Signature)

(Title)

A SEPARATE REMITTANCE IS REQUIRED IN PAYMENT OF SURTAX STAMPS.