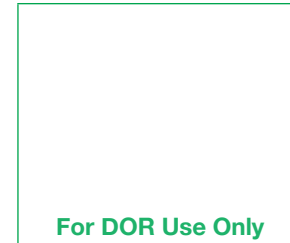




Florida Business Tax Application

(Formerly, Application to Collect and/or Report Tax in Florida)

Register online at your convenience. Our Internet site guides you through an easy step-by-step interview. Our free online registration is secure and saves you paper, postage, and time.



Our Internet site is at www.myflorida.com/dor

Please read the *Instructions for Completing the Florida Business Tax Application (Form DR-1N)*. Every applicant must complete Sections A and J and must answer the **questions in bold print** at the beginning of every section and subsection. This application will be rejected if the required information is not provided.

Section A – Reason for Applying and Applicant Information

1. Indicate your reason for submitting this application (check only one; provide date and certificate number, if applicable).

<input type="checkbox"/> a. New business entity.	Beginning date of Florida business activity:	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
<input type="checkbox"/> b. New/additional Florida business location.	Beginning date of business activity at new Florida location:	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
	<input type="checkbox"/> Link new location to existing consolidated filing number:	80 -	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> c. New taxable activity at previously registered business location.	Date of new taxable activity:	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
<input type="checkbox"/> d. Change of Florida county.	Date of location county change:	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
	Old location's certificate/account number:	<input type="text"/>	-	<input type="text"/>
	<input type="checkbox"/> Link new county location to existing consolidated filing number:	80 -	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> e. Change of legal entity/business structure.	Date of legal entity change:	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
	Old entity's certificate/account number:	<input type="text"/>	-	<input type="text"/>
<input type="checkbox"/> f. Purchase/acquisition of existing business from another person or entity.	Date of purchase/acquisition:	<input type="text"/> /	<input type="text"/> /	<input type="text"/>

2. Is this a seasonal business? Yes No **If yes**, first month of season: _____ last month: _____

BUSINESS ENTITY INFORMATION

3a. Legal name of individual owner (for sole proprietor only):	Last name:	First name:	Middle name/initial:	3b. Owner's telephone number: ()
3c. Legal name of business entity (corporation, limited liability company, partnership, trust, estate, etc.):				
4. Trade, fictitious, or "doing business as" name:				
5a. Physical street address of business location or rental property being registered (see instructions):			5b. Business telephone number: ()	
City/State/ZIP:		County:	5c. Fax number: ()	
6. Mail to the attention of:		Mailing address (if different from # 5a):		
City/State/ZIP:				
7. E-mail address: Your e-mail address is treated as confidential information [section (s). 213.053, Florida Statutes (F.S.)], and is not subject to disclosure of public records (s. 119.071, F.S.).				
8a. Business Entity Identification Number - Provide the Federal Employer Identification Number (FEIN) of the business entity or Social Security Number (SSN)* of the owner/sole proprietor. Sole proprietors employing workers must also have an FEIN.		8b. FEIN:	8c. SSN*:	



9. If you checked Box 1.f. because you purchased or acquired an existing business from another person or entity, provide the following information about the other person or entity:

a. Legal name of person or entity:	b. FEIN:	c. Unemployment tax account number:
d. Address, City, State, ZIP:		e. Sales tax certificate number:
f. Portion of business acquired: <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> Unknown	g. Date of purchase or acquisition: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
h. Was the business operating at the time of purchase/acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No	i. If no , on what date did the business close? <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
j. Did the business have employees at the time of purchase/acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No	k. If yes , did you acquire the employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
l. Did the acquired entity and your entity share any common ownership, management, or control at the time of purchase/acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No		

BUSINESS STRUCTURE & OWNERSHIP

10. Check the box next to the structure of your business entity.

<input type="checkbox"/> a. Sole proprietorship	<input type="checkbox"/> d. Limited liability company (check one below)	<input type="checkbox"/> g. Estate Provide date of death: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> b. Partnership (check one below)	<input type="checkbox"/> Single member LLC	<input type="checkbox"/> h. Government agency
<input type="checkbox"/> Married couple	<input type="checkbox"/> Multi-member LLC	<input type="checkbox"/> i. Indian tribe or Tribal unit
<input type="checkbox"/> General partnership	<input type="checkbox"/> Check if you elected to be treated as a corporation for federal income tax purposes.	
<input type="checkbox"/> Limited partnership	<input type="checkbox"/> e. Business trust	
<input type="checkbox"/> Joint venture	<input type="checkbox"/> f. Nonbusiness trust/Fiduciary	
<input type="checkbox"/> c. Corporation (check one below)		
<input type="checkbox"/> C-corporation		
<input type="checkbox"/> Not-for-profit corporation		
<input type="checkbox"/> S-corporation		

11. Corporations, partnerships, limited liability companies, and trusts must provide the following:

a. Document number issued by the Florida Secretary of State when the entity was chartered or authorized to conduct business in Florida:	Document number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Date of Florida incorporation, formation or organization, or date of authorization to conduct business in Florida:	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Entity's fiscal year ending date (month/day):	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>

12. Identify the owner/sole proprietor, or officers, general partners, managing members or trustees of the business entity.

Name:	Social Security Number*:	Home address:	Percent of ownership/control:
Title:	Driver license number/Issuing state:	City/State/ZIP:	Telephone number: ()
Name:	Social Security Number*:	Home address:	Percent of ownership/control:
Title:	Driver license number/Issuing state:	City/State/ZIP:	Telephone number: ()

(Attach additional pages, if necessary)

* Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at www.myflorida.com/dor and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

BUSINESS BACKGROUND INFORMATION

13. Has this business entity ever been known by another name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , provide previous name:
14. Has this business entity ever been issued a certificate of registration, certificate number or tax account number by the Florida Department of Revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Has any owner/proprietor, partner, officer, member, trustee, or the person whose social security number is provided in items 8c or 12 ever been issued a certificate of registration, certificate number or tax account number by the Florida Department of Revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



16. If you answered "Yes" to questions 14 or 15, provide the name, address and certificate of registration number for each business, proprietor, owner, partner, officer, member or trustee.	a. Name of person or entity named on certificate of registration:
	b. Address of person or entity named on certificate of registration:
	c. Certificate or tax account number:
17. To your knowledge, has a tax warrant ever been filed by the Florida Department of Revenue against this business entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. To your knowledge, has a tax warrant ever been filed by the Florida Department of Revenue against any owner/proprietor, partner, officer, member, trustee, or the person whose social security number is provided in items 8c or 12?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS ACTIVITIES DESCRIPTION

19a. Describe the primary nature of your business and list all activities, products, and services. Include all of your taxable activities if known.	
19b. If known, provide your North American Industry Classification System (NAICS) Code(s). Enter your primary code first. To determine your NAICS code, go to www.census.gov/eos/www/naics Primary Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section B – Activities Subject to Sales & Use Tax (\$5 fee for in-state business/rental locations)

General

20. Does your business (check the yes or no box next to each activity with black or blue pen):

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Sell products or services at retail (to consumers)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Sell products or services at wholesale (to registered dealers who will sell to consumers)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Purchase or sell secondhand goods (see description in the Sales and Use Tax section of the instructions, Form DR-1N)? If yes , in addition to registering for sales and use tax, complete and submit a <i>Registration Application for Secondhand Dealers and/or Secondary Metals Recyclers</i> (Form DR-1S).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Purchase or sell salvage or scrap metal to be recycled? If yes , in addition to registering for sales and use tax, complete and submit a <i>Registration Application for Secondhand Dealers and/or Secondary Metals Recyclers</i> (Form DR-1S).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Sell products or goods from nonpermanent locations (such as flea markets or craft shows)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Sell products or goods by mail order using catalogs or the Internet?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. Sell prepaid phone cards or calling arrangements?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	h. Rent or lease commercial real property to individuals or businesses?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Rent or lease living or sleeping accommodations to others for periods of six months or less?

Does another party manage the property and collect the rent? Yes No **If yes, provide:**

Name:	Telephone number: ()
Mailing address:	City/State/ZIP:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. Manage the rental or leasing of living or sleeping accommodations belonging to others?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	k. Rent equipment or other property or goods to individuals or businesses?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	l. Rent or lease motor vehicles to others?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	m. Repair or alter consumer products or equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	n. Charge admission or membership fees?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	o. Place and operate coin-operated amusement machines at business locations belonging to others?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	p. Place and operate food or beverage vending machines at business locations belonging to others?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	q. Place and operate nonfood or nonbeverage vending machines at business locations belonging to others?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	r. Operate vending machines at your business location(s)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	s. Purchase items that you will include in a finished product assembled or manufactured for sale?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	t. Purchase items for use in your business that were not taxed by the seller when purchased (includes purchases through catalogs, the Internet, or from out-of-state vendors)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	u. Use dyed diesel fuel for off-road purposes?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	v. Provide any of the following services? If yes, check the box next to each service you provide.

<input type="checkbox"/>	(1) Pest control services for nonresidential buildings	<input type="checkbox"/>	(4) Protection services
<input type="checkbox"/>	(2) Interior cleaning services for nonresidential buildings	<input type="checkbox"/>	(5) Security alarm system monitoring services
<input type="checkbox"/>	(3) Detective services		



29. Is your business already registered and actively paying Florida unemployment tax? Y N
If yes, provide your UT Account Number and skip questions 30-39. **UT Account Number**
If no, answer questions 30-39.

30. Employment type (check all that apply):
 Regular employer (employee leasing companies must attach a copy of their license issued by the Department of Business & Professional Regulation [DBPR])
 Nonprofit organization (attach a copy of your 501(c)(3) determination letter from the IRS)
 Agricultural crew chief
 Domestic employer (household & personal care)
 Agricultural (noncitrus) employer
 Governmental entity
 Agricultural (citrus) employer
 Indian tribe or Tribal unit

31. On what date did you, or will you first employ workers in Florida? ** / /

32. Have you or will you pay gross wages of at least \$1,500 within a calendar quarter? ** Y N
If yes, provide the date you reached or will reach \$1,500 gross wages: / /

33. Have you or will you employ one or more workers for 20 or more weeks within a calendar year? ** Y N
If yes, provide the date of the 20th week: / /

34. Have you paid federal unemployment tax in another state this year or last year? Y N
If yes, in which state: _____ in which year:

35. Do you use the services of persons in Florida whom you consider to be self-employed, independent contractors? Y N
If yes, also complete an *Independent Contractor Analysis* (UCS-6061)

36. Do you lease workers from an employee leasing company? Y N
If yes, complete items a-f about the leasing company and your leasing arrangement.

a. Leasing company's name: _____			
b. FEIN: _____	c. DBPR License Number: _____	d. UT Account Number: _____	
e. Portion of workforce that is leased: <input type="checkbox"/> All <input type="checkbox"/> Part		f. Date of leasing arrangement: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

37. List the locations where you employ workers in Florida.

Address: _____	City: _____	County: _____	Number of employees: _____
Principal products or services: _____			
If services, indicate if <input type="checkbox"/> Administrative <input type="checkbox"/> Research <input type="checkbox"/> Other: _____			
Address: _____	City: _____	County: _____	Number of employees: _____
Principal products or services: _____			
If services, indicate if <input type="checkbox"/> Administrative <input type="checkbox"/> Research <input type="checkbox"/> Other: _____			
Address: _____	City: _____	County: _____	Number of employees: _____
Principal products or services: _____			
If services, indicate if <input type="checkbox"/> Administrative <input type="checkbox"/> Research <input type="checkbox"/> Other: _____			

38. If another party (accountant, bookkeeper, agent) will maintain your payroll and will file reports and/or remit unemployment tax on your behalf, provide the following information about the other party:

Agent name: _____		Agent number: _____
Firm name: _____		Federal ID number (EIN, PTIN): _____
Mailing address: _____	City/State/ZIP: _____	
E-mail address: _____		
Capacity of agent: <input type="checkbox"/> Filing only <input type="checkbox"/> Paying only <input type="checkbox"/> Filing & paying		



39. Mailing addresses for unemployment tax – All correspondence about your unemployment tax account, returns, statements, rate notices, and claims and benefits information, will be mailed to the address you provided in item 6. If you wish to have these documents mailed elsewhere, provide other addresses below.

a. **Reporting** – Mail Employer’s Quarterly Reports, certifications, and correspondence related to reporting to (check one): Employer’s primary address Agent’s address (item 38) Other, below

Name:		Telephone number: ()
Mailing address:	City/State/ZIP:	
E-mail address:		

b. **Tax Rate** – Mail tax rate notices and rate-related correspondence to (check one): Employer’s primary address Agent’s address (item 38) Other, below

Name:		Telephone number: ()
Mailing address:	City/State/ZIP:	
E-mail address:		

c. **Claims** – Mail notices of benefits paid and other correspondence about claims and benefits to (check one): Employer’s primary address Agent’s address (item 38) Other, below

Name:		Telephone number: ()
Mailing address:	City/State/ZIP:	
E-mail address:		

Section E - Activities Subject to Communications Services Tax (no fee)

40. Do you sell communications services or purchase communications services to integrate into prepaid calling arrangements? Y N
If yes, check the box next to each service you sell, and answer questions 41-44. If no, skip Section E (questions 41-44).

- | | |
|--|---|
| <input type="checkbox"/> Telephone service (local, long distance or wireless) | <input type="checkbox"/> Cable service |
| <input type="checkbox"/> Paging service | <input type="checkbox"/> Direct-to-home satellite service |
| <input type="checkbox"/> Facsimile (fax) service (not in the course of advertising or professional services) | <input type="checkbox"/> Pay telephone service |
| <input type="checkbox"/> Reseller (only sales for resale; no sales to retail customers) | <input type="checkbox"/> Purchase services to integrate into prepaid calling arrangements |
| <input type="checkbox"/> Other services; please describe: _____ | |

41. Are you applying for a direct pay permit for communications services tax? Y N
If yes, also complete an *Application for Self-Accrual Authority/Direct Pay Permit* (Form DR-700030).

42. In order to charge the correct amount of tax, you must know the taxing jurisdiction in which your customers are located. How will you verify the correct assignment of customer location to taxing jurisdiction? If you use multiple databases, **check all that apply**. If you sell only pay telephone or direct-to-home satellite services, provide prepaid calling arrangements, are a reseller, or are applying for a direct pay permit, skip to item 44.

- 1. An electronic database provided by the Department.
- 2. Your own database that will be certified by the Department; to apply for certification, you must complete an Application for Certification of Communications Services Database (Form DR-700012).
- 3. A database supplied by a vendor. Provide the vendor’s name: _____
- 4. ZIP+4 and a methodology for assignment when ZIP codes overlap jurisdictions.
- 5. ZIP+4 that does not overlap jurisdictions (i.e., a hotel located in one jurisdiction).
- 6. None of the above.

43. If you wish to be eligible for both collection allowances, check the box below. See instructions for explanation.

I will file two separate communications services tax returns in order to maximize my collection allowance.



44. Name and contact information of the managerial representative who can answer questions about filed tax returns:

Name:		Telephone number: ()
Mailing address:	City/State/ZIP:	
E-mail address:		

Section F - Activities Subject to Documentary Stamp Tax (no fee)

45. Do you make sales, finalized by written financing agreements, that are not recorded by the Clerk of the Court, but do require documentary stamp tax to be paid? Y N

If yes, complete items a-b. If no, skip to question 46.

a. Do you anticipate five or more transactions subject to documentary stamp tax per month?..... Y N

b. In addition to the location provided for item 5, list all other locations where books and records are kept.

Address:	City/State/ZIP:
Address:	City/State/ZIP:
Address:	City/State/ZIP:
Address:	City/State/ZIP:

Section G - Activities Subject to Gross Receipts Tax on Electrical Power and Gas (no fee)

46. Do you own or operate a local electric or natural or manufactured gas (excluding LP gas) utility distribution facility in Florida? Y N

If yes, check the items below that apply and answer question b. If no, skip to question 47.

a. Electricity Natural or manufactured gas

b. Do you import into Florida natural or manufactured gas (excluding LP gas) for your own use instead of purchasing taxable utility or transportation services?..... Y N

Section H - Activities Subject to Severance Taxes & Miami-Dade County Lake Belt Fees (no fee)

47. Do you extract oil, gas, sulfur, solid minerals, phosphate rock or heavy minerals from the soils or waters of Florida? Y N

If yes, check the box next to each activity you are engaged in. If no, skip to question 48.

- a. Extracting oil for sale, transport, storage, profit, or commercial use.
- b. Extracting gas for sale, transport, profit, or commercial use.
- c. Extracting sulfur for sale, transport, storage, profit, or commercial use.
- d. Extracting solid minerals, phosphate rock, or heavy minerals from the soil or water for commercial use.
- e. Extracting lime rock or sand from within the Miami-Dade County Lake Belt Area (see s. 373.4149, F.S., for boundary description).

Section I - Enrollment to File and Pay Taxes and Fees Electronically (no fee)

For detailed information about the e-Services program, see the instructions (Form DR-1N) or go to www.myflorida.com/dor and select *Enroll for tax e-Services*.

48. Do you wish to enroll to file and pay taxes, fees, and surcharges electronically? Y N

If yes, provide the following information to enroll in the e-Services program. If no, skip Section I (questions 49-53).

49. Contact Person for Electronic Payments

Name:	Telephone number: ()	Fax number: ()
Mailing address:	City/State/ZIP:	
E-mail address:		
<input type="checkbox"/> a company employee <input type="checkbox"/> a non related tax preparer <input type="checkbox"/> the UT Agent named in item 38		Federal PTIN (if tax preparer):



50. Contact Person for Electronic Return Filing Check if same as contact person for electronic payments.

Name:	Telephone number: () ()	Fax number: () ()
Mailing address:	City/State/ZIP:	
E-mail address:		
<input type="checkbox"/> a company employee <input type="checkbox"/> a non related tax preparer <input type="checkbox"/> the UT Agent named in item 38		Federal PTIN (if tax preparer):

51. Choose your filing/payment method:

Tax(es) for which You are Registering	Internet File/Pay	Software File/Pay	EFT Pay Only	Direct File/Pay
Sales and use tax				
Solid waste fees and surcharge				
Unemployment tax				
Communications services tax				
Documentary stamp tax				
Gross receipts tax				
Severance taxes				
Miami-Dade County Lake Belt Fees				
Corporate income tax (F-1120A, short form)				
Corporate income tax (F-1120, long form)				

Check if you wish to use the ACH-Credit payment method. This is not the use of a credit card to make your payment. To use this payment method, you must transfer the payment from your bank account to the State's bank account. Approval is required.

52. Banking Information (not required for ACH-Credit)

a. Bank/financial institution name:	b. Bank account number:
c. Address of branch location:	d. ABA Routing/Transit Number: : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> :
e. Account type: <input type="checkbox"/> Business checking <input type="checkbox"/> Personal checking <input type="checkbox"/> Business savings <input type="checkbox"/> Personal savings	

53. Enrollee Authorization and Agreement

This is an Agreement between the Florida Department of Revenue, hereinafter "the Department," and the business entity named herein, hereinafter "the Enrollee," entered into according to the provisions of the Florida Statutes and the Florida Administrative Code.

By completing this agreement and submitting this enrollment request, the Enrollee applies and is hereby authorized by the Department to file tax returns and reports, make tax and fee payments, and transmit remittances to the Department electronically. This agreement represents the entire understanding of the parties in relation to the electronic filing of returns, reports, and remittances.

The same statute and rule provisions that pertain to all paper documents filed or payments made by the Enrollee also govern an electronic return, or payment initiated electronically according to this agreement.

I certify that I am authorized to sign on behalf of the business entity identified herein, and that all information provided in this document has been personally reviewed by me and the facts stated in it are true. According to the payment method selected above, I hereby authorize the Department to present debit entries into the bank account referenced above at the depository designated herein (ACH-Debit), or I am authorized to register for the ACH-Credit payment privilege and accept all responsibility for the filing of payments through the ACH-Credit method.

Signature: _____ Title: _____ Date: _____

Printed name: _____

Second Signature: _____ Title: _____ Date: _____
(If dual account)

Printed name: _____



Section J - Applicant Acknowledgement, Declaration and Signature

Registrant's Responsibilities – You must initial next to each responsibility listed below to indicate that you have read, acknowledge, and understand each one. Your application will be rejected if any part of this section is left blank.

- I understand it is my responsibility to timely notify the Department of Revenue of any changes of business structure, activities, location, mailing address or contact information.
- I understand that any person (including but not limited to: owners, employees, partners, managing members, corporate officers, etc.) who is required to collect, truthfully account for, and pay any tax, surcharge or fee, and willfully fails to do so shall be personally liable for penalties under the provisions of s. 213.29, F.S.

In addition to any other penalties provided by law, including civil penalties, I understand it is a criminal offense to:

- Fail or refuse to register (a late registration fee or penalty may also be imposed).
- Not timely file a tax return or report.
- Underreport a tax, surcharge or fee liability on a return or report filed.
- Fail or refuse to collect a required tax, surcharge or fee.
- Not remit a collected tax, surcharge or fee.
- Make a worthless check, draft, debit card payment, or electronic funds transfer to the Department.

Authorized Signature – Depending on your business structure, only the following principal persons may sign this application:

- If the applicant is a sole proprietor, the individual owner must sign.
- If the applicant is a partnership, a general partner must sign.
- If the applicant is a corporation, an incorporator or officer must sign.
- If the applicant is a limited liability company, a member or manager (if authorized by the members) must sign.
- If the applicant is a trust, the grantor or a trustee must sign.
- If the applicant is an estate, the personal representative, executor or executrix must sign.
- If the applicant is a government agency, Indian tribe or tribal unit, an official authorized to sign on behalf of the agency, tribe or tribal unit must sign.

Note: The person signing the application must be listed under item 12 in the Business Structure & Ownership section.

Applicant Attestation, Declaration, and Signature

Under penalties of perjury, I attest that I am the applicant, or that I am an authorized principal of the applicant entity identified herein, and also declare that I have read the information provided on this application and that the facts stated in it are true.

Signature: _____ Title: _____

Printed name: _____ Date: _____

Amount enclosed: \$ _____

- \$ 5 fee – Sales tax registration for business or rental property located in Florida
- \$30 fee – Solid waste fee & surcharge registration for dry cleaners

USE THIS CHECKLIST TO ENSURE FAST PROCESSING OF YOUR APPLICATION.

- ✓ Complete all required sections of this application.
 - ✓ Make sure that you have provided your FEIN or SSN.
 - ✓ Sign and date the application.
 - ✓ Attach check or money order for appropriate registration fee(s). **DO NOT SEND CASH.**
 - ✓ Attach required documentation or additional applications, if applicable.
- ✓ Mail to: **Account Management - Mail Stop 1-5611**
Florida Department of Revenue
5050 W Tennessee St
Tallahassee FL 32399-0160
- You may also mail or deliver your application to any Department of Revenue service center. Addresses and telephone numbers are posted on our website (www.myflorida.com/dor) and included in the instructions for this application (Form DR-1N).

FOR DOR USE ONLY

PM/Delivery	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contract Object (MO)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B.P. No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Certificate No.	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
UT Acct. No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contract Object (other)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NAICS Code(s):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		



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