



Application for Consolidated Sales and Use Tax Filing Number

DR-1CON R. 02/11

Rule 12A-1.097 Florida Administrative Code Effective 01/12

This application is for use by sales and use tax certificate holders who have multiple business locations, each of which is currently registered with the Department of Revenue, and who wish to make a single monthly tax payment for all locations. All business locations to be consolidated must be owned by the same entity. They need not be located in the same county.

Consolidated filers are required to file their tax returns and remit their tax payments electronically. Filing your tax return and remitting your tax payment electronically is advantageous to both you and the Department. Transmitting electronically:

- Eliminates errors in your return — audit checks are in the software.
Eliminates paperwork — you no longer have to complete and submit a paper return.
Ensures timely and proper credit for filing — you receive an acknowledgment that your tax return was accepted.
Allows you to “warehouse” your payment. Warehousing is a method by which taxpayers may send their electronic payment and return early but the payment will not be processed until the date specified by the taxpayer (usually the due date of the payment). The payment is held in the banking system until the specified date, at which time the taxpayer’s bank account is debited.
May also allow you to import data from spreadsheet applications — eliminates data entry time and errors.

For more information about electronic filing and paying, call the Department at 800-352-3671.

If you have questions regarding this application, call Taxpayer Services at 800-352-3671 and select “Registration of Taxes” and then “Registration Information.” Your next option will allow you to select “Registration Information and Account Updates for Sales Tax.” For information regarding consolidated filing of returns, call the Consolidated Return Reconciliation Unit at 850-717-6636.

Please provide all information requested below.

1. Owner Name: Enter the individual, principal partner, or the corporate name

2. Business Name: Enter business, trade, or fictitious (d/b/a) name

3. Contact Person: Phone( ) Ext

4. Mailing Address: Enter address where you want to receive correspondence

City: State: County: ZIP:

5. Federal Employer Identification Number (FEIN):

\* If an FEIN is not required, or not yet received, enter Social Security Number (SSN):

6. If a corporation, partnership, or limited liability company, enter fiscal year ending month and year:

7. Type of Organization: Corporation Partnership Sole Proprietorship Trust Professional Association Limited Liability Company Other (explain)

8. Describe your major business activities (the primary reason why you are registered for sales and use tax):

\*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.

9. Are you currently or should you be obligated for one or more of the following tax liabilities:  Vending  Amusement  
 Retail Food/Beverage  Wholesale Food/Beverage  Retail other  Tire  Battery  Dry-Cleaning  
 Retail Fuel Sales  Marina  Off-Road Diesel

10. Month of first consolidated filing (effective date is the first of the month; allow four weeks for processing): \_\_\_\_\_

11. List the complete Sales and Use Tax Number (as shown on your certificate, Form DR-11) for each business location you wish to report under this consolidated number. Attach additional sheets, if necessary.

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12. Applicant Signature — This Application Cannot Be Processed If Not Signed by the Applicant.

Under penalties of perjury, I declare that I have read the information provided in this application and the facts stated in it are true.

_____ Signature of Business Owner, Principal Partner, or Corporate Officer	_____ Date Application Signed
_____ Print or Type the Name Signed Above	_____ Title of Signatory

**Mail this completed application to: Florida Department of Revenue  
 Account Management  
 PO Box 6480  
 Tallahassee, FL 32314-6480**

**Or, FAX to: 850-922-5938**

There is no fee required for registering to file a consolidated return.

FOR DOR OFFICE USE ONLY			
BP _____	CA _____	CO _____	
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