



Objection to Address/Jurisdiction Database for Local Communications Services Tax and Local Insurance Premium Tax Service Address Assignment

DR-700025
R. 10/13
Rule 12A-19.100
Florida Administrative Code
Effective 01/14

All requests can be submitted using the Department of Revenue's Internet site at: <https://pointmatch.state.fl.us>

Part A: Contact Information I am a (check one):

- | | |
|---|---|
| <input type="checkbox"/> Communications Services Provider | <input type="checkbox"/> Individual (insured or purchaser of communications services) |
| <input type="checkbox"/> FDOR Employee | <input type="checkbox"/> Insurance Company or Vendor |
| <input type="checkbox"/> Communications Services Tax Address Vendor | |

Name: _____ Title: _____
 Company: _____ Street Address: _____
 City/State/ZIP: _____ E-mail address: _____
 Phone Number: _____ Fax Number: _____

Part B: Service Address Information *To submit an objection for multiple addresses, use the Department's Internet site at: <https://pointmatch.state.fl.us> or contact us at 850-717-6630 for more information.*

Required for all requests.

The service address I am objecting to has an effective date (if known) of: _____
 Number and Street _____ City: _____
 County: _____ ZIP: _____

For FDOR Employees only. For SUNTAX related requests, provide all of the following:

Business Partner #: _____ Certificate #: _____
 Tax Type: _____ Owner Name (if not sole proprietor): _____
 Account Name: _____ Owner Phone: _____

Part C: Basis for Objection *Complete the appropriate reason based on your objection (check all that apply).*

- Reason 1.** The address is listed in the wrong jurisdiction within the database. *Current jurisdictional assignment is* _____ *Proposed jurisdiction assignment should be* _____.
- Reason 2.** The address is not listed in the database. *Proposed jurisdiction assignment should be* _____.
- Reason 3:** The address information is incorrect (EX. misspelled, wrong ZIP code). *Proposed correction to address:* _____

If none of these reasons apply, use the space below to describe your objection:

Reason 4: _____

Part D: Competent Evidence. To object to the jurisdiction to which an address is assigned in the Department of Revenue's Address/Jurisdiction Database, you must provide supporting evidence that the address is located within the jurisdiction indicated. For example, a copy of a property tax bill indicating the jurisdiction in which an address is located.

Check all that apply:

- Voter registration card Master Street Address Guide
- Property tax bill Other _____

FDOR Employees Only: Provide a copy of the following screenshots:

- SUNTAX, Contract Object page, to show "Distribution Stamp" area, County/JBP A/c field [COUNTY] (if applicable)
- Address Lookup using <https://pointmatch.state.fl.us>
- County Property Appraiser location search result using <http://dor.myflorida.com/dor/property/appraisers.html>.

See the Instructions below on how to submit the required documentation.

Part E: Signature/Date

Signature: _____ Date: _____

Instructions.

Purchasers or providers of communications services, insurers providing insurance coverage, vendors providing address/jurisdiction databases, and other substantially affected parties may submit an objection to the jurisdiction assigned to an address in the Department of Revenue's Address/Jurisdiction Database. Department of Revenue employees should submit SUNTAX-related address/jurisdiction corrections at <https://pointmatch.state.fl.us>.

NOTE: To submit updates or corrections to the Department's Address/Jurisdiction Database, use Form DR-700022 if you are a local taxing jurisdiction or Form DR-350907 if you are a special fire control district.

The fastest and easiest way to submit your objections is online at <https://pointmatch.state.fl.us>. A single request for multiple address corrections may be submitted online. Segregate your change requests based on the specific combination of affected jurisdictions and submit each combination separately. For example, submit all addresses moving from City A to City B in one submission separately from all addresses moving from City A to City C.

You must submit evidence showing that the affected addresses are located within the jurisdiction that you indicated.

NOTE: Requests submitted without evidence to support the address/jurisdiction objection will not be considered.

Submit your completed objection and all supporting evidence online at <https://pointmatch.state.fl.us> or by e-mail, fax, or mail to the Florida Department of Revenue's Local Government Unit at:

E-mail: **local-govt-unit@dor.state.fl.us**
Fax: 850-921-4711
Mail: Florida Department of Revenue
Local Government Unit
PO Box 6530
Tallahassee, FL 32314-6530

If you complete this form online, do not mail a copy.

Upon receipt of your submission, the Department will contact the affected local jurisdictions. For more information, call the Local Government Unit at 850-717-6630 or send an e-mail to local-govt-unit@dor.state.fl.us.

FOR DOR USE ONLY

Tracking number _____ Date _____