

	Name or legal entity name	
	Name of legal entry name	
II I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Mailing address City, State ZIP	
	Telephone number (include area code)	
I am an employer liable for reem	ployment tax* reporting and certify	to the following:
	perform domestic services as defined in se	•
I am eligible for an earned tax ra		eans the employer has reported for the required
		nual reporting, effective January 1,
		ida reporting, chective bandary 1,
I understand that:		
agree to immediately notify the I (Example: A sole proprietor has	Department of Revenue and understand n a business employee and an employee ir tor employs individuals who perform servi	, I no longer qualify for annual reporting and ny filing period will revert to quarterly filing. I the owner's home who performs domestic ces other than domestic services, <b>all</b>
Assistance Program or its design	formation requested by the Department on nee shall result in the loss of privilege to fi dar quarter in which such failure occurred.	le annually, effective the calendar quarter
<ul> <li>If I am assigned a penalty rate during the second se</li></ul>	e to indebtedness billed for more than one	e year, my filing period will revert to quarterly filing.
<ul> <li>If I do not have an annual payrol period will revert to quarterly filir</li> </ul>		become ineligible for an earned rate, my filing
	n annual basis, the wages for each emplo rt is due January 1 and is delinquent if no	yee must be itemized by quarter on the annual t postmarked by January 31.
(Note: for the transition year, an		yible for annual filing for the next calendar year. Iy UCT-6) will be due on January 1 for the fourth a due the following year on January 1.
I will remain in annual reporting a	status until I request a change to quarterly	filing or I no longer qualify for annual reporting.
<ul> <li>If I cease employment and my a of the current calendar year.</li> </ul>	ccount is inactivated, I will immediately re	vert to quarterly filling for the completed quarters
Si	gnature	
	Title	Area Code Telephone number
This form must be signed by the sole prop has a <i>Power of Attorney</i> (DR-835) on file w	rietor or owner, it a sole proprietorship; by a par ith the Department of Revenue.	tner, if a partnership; or by an authorized agent who
Submit the completed application to: Account Management Florida Department of Revenue PO Box 6510	For assistance call: 800-352-3671	Internet address: www.myflorida.com/dor

Tallahassee FL 32314-6510 \* Formerly Unemployment Tax