

	Name or legal entity name
	Mailing address
eemployment Tax Account Number	City, State ZIP
	Telephone number (include area code)
I am an employer liable for reem	ployment tax* reporting and certify to the following:
 I only employ employee(s) who 	perform domestic services as defined in section 443.1216(6), Florida Statutes (F.S.).
	ate (to be eligible for an earned tax rate means the employer has reported for the required d has been assigned a tax rate other than the initial rate).
I hereby make application to cha	ange from quarterly reporting to annual reporting, effective January 1,
I understand that:	
agree to immediately notify the l (Example: A sole proprietor has	orm services other than domestic services, I no longer qualify for annual reporting and Department of Revenue and understand my filing period will revert to quarterly filing. If a business employee and an employee in the owner's home who performs domestic services other than domestic services, all quarterly).
Assistance Program or its desig	nformation requested by the Department of Economic Opportunity, Reemployment nee shall result in the loss of privilege to file annually, effective the calendar quarter dar quarter dar quarter in which such failure occurred.
• If I am assigned a penalty rate du	ue to indebtedness billed for more than one year, my filing period will revert to quarterly filing.
 If I do not have an annual payrol period will revert to quarterly filing 	ll as defined in s.443.131(3)(b)1, F.S., and become ineligible for an earned rate, my filing ng.
	In annual basis, the wages for each employee must be itemized by quarter on the annual ort is due January 1 and is delinquent if not postmarked by January 31.
(Note: for the transition year, an	arked no later than December 1 to be eligible for annual filing for the next calendar year. <i>Employer's Quarterly Report</i> (RT-6, formerly UCT-6) will be due on January 1 for the fourth ar year. The first annual report will then be due the following year on January 1.
• I will remain in annual reporting	status until I request a change to quarterly filing or I no longer qualify for annual reporting.
 If I cease employment and my a of the current calendar year. 	account is inactivated, I will immediately revert to quarterly filling for the completed quarters
ç	ignature MM/DD/YYYY Date
T 1.1. for an and the standard stand	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, if a sole proprietorship; by a partner, if a partnership; or by an authorized agent who ith the Department of Revenue.
ubmit the completed application to:	: For assistance call: Internet address:
Account Management Florida Department of Revenue	800-352-3671 www.floridarevenue.com

Tallahassee FL 32314-6510 * Formerly Unemployment Tax

PO Box 6510