



Florida Department of Revenue
 Reemployment Tax*
 Application for Agent Registration

DOR Use Only: Agent Number

Agent Name:	Contact:
Mailing Address:	Title:
RT Account Number (if applicable):	Phone:
FEIN:	Fax:

Registering as an agent allows you to file and/or pay on behalf of the clients listed. For the Department to disclose confidential tax information, a *Power of Attorney* (DR-835) must be submitted for each client. You will not be allowed to register as an agent unless you represent at least one client.

Client Name and Mailing Address	RT Account No.	FEIN	*Effective Begin Date

*Effective Begin Date is the date you begin representing your client. This date must be the beginning of a reporting period (i.e., 1/1/07, 4/1/07, 7/1/07, 10/1/07).

Signature of Agent:	Date:
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Mail to: Account Management
 Florida Department of Revenue
 PO Box 6510
 Tallahassee, FL 32314-6510

For more information call
 800-352-3671.

* Formerly Unemployment Tax



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(Attach additional sheets, if necessary.)