



Application to Terminate Reemployment Tax* Account

RTS-5
R. 01/13
TC
Rule 73B-10.037
Florida Administrative Code
Effective Date 01/14

Your application must be received by April 30 of the year for which termination is requested.

Legal Entity

Mailing Address

City, State, ZIP

□□□□□□□□-□□
Reemployment Tax account number

As an employer under the Florida reemployment assistance program law, we hereby make formal application to cease to be an employer in accordance with the provision of said law as of the first day of January, 20 □□.

Please check appropriate box below:

For Domestic Employment

- Did not pay cash of \$1,000 or more in any calendar quarter in either the current or preceding calendar year.

For Regular Employment

- Did not pay wages of \$1,500 or more in any calendar quarter in either the current or preceding calendar year.
- Did not have at least one employee for any portion of a day in 20 different calendar weeks in either the current or preceding calendar year.

For Agricultural Employment

- Did not pay wages of \$10,000 or more for agricultural service in any calendar quarter in either the current or preceding calendar year.
- Did not have at least five employees for any portion of a day in 20 different calendar weeks in either the current or preceding calendar year.

For Non-Profit Organizations

- Did not have at least four or more employees for any portion of a day in each of 20 different weeks in either the current or preceding calendar year.

I understand that if my reemployment tax account is terminated and I subsequently have employment sufficient to reestablish liability for reemployment tax, I will be treated as a new employer for the purpose of establishing a reemployment tax rate.

Signature

Date

Title

(_____) _____
Telephone Number

For Department of Revenue use only

Approved Denied

Date _____

By _____

Mail completed form to:
Florida Department of Revenue
Account Management
PO Box 6510
Tallahassee, FL 32314-6510

* Formerly Unemployment Tax



Employer's Reciprocal Coverage Election

RTS-6
R. 01/13
TC
Rule 79B-10.097
Florida Administrative Code
Effective Date 11/14



Reemployment Tax Account Number

-

Employer's Name: _____

The above employer hereby elects, subject to approval by the agencies involved, to cover certain individuals (those customarily performing services in more than one jurisdiction) named below and on any attached form, under the Reemployment Tax (formerly Unemployment Tax) law of Florida.

1. The employer accordingly requests the state of Florida, Department of Revenue to enter into a reciprocal coverage arrangement to that effect, with each of the following other "interested jurisdictions" (in which the individuals named under Item 2 perform some services for the employer, and under whose unemployment compensation laws they might otherwise be covered):

State	% Of Service	State	% Of Service

(If more space is required, use and attach Form RTS-6A, formerly UCS-6A)

2. List employees covered by this election:

Employee's Name	Social Security Number	Employee's Legal Residence	Basis for Election in Florida
			a) Does some work in Florida b) Residence in Florida c) Related to a place of business in Florida

(If more space is required, use and attach Form RTS-6A, formerly UCS-6A)

- Nature of employer's business. _____
- The employer has a place of business in the states listed above. _____
- Nature of work to be performed by the individual(s) listed under Item 2. _____
- Employer's reason for requesting coverage in Florida. _____
- The employer requests that this election become effective as of the beginning of a calendar quarter, namely as of _____