



# Business Tax Receipt

J.R. Kroll | Seminole County Tax Collector

(407) 665-1000

SEMINOLECOUNTY.TAX

PO BOX 630, SANFORD, FL 32771

## Confidentiality Application

Business Tax Receipt #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**A copy of your employment identification must be included in order to process your request.**

**Select the appropriate status. I am:**

<input type="checkbox"/> Actively employed as:	<input type="checkbox"/> Formerly employed as:
<input type="checkbox"/> Spouse of an active:	<input type="checkbox"/> Spouse of a former:
<input type="checkbox"/> Child of an active:	<input type="checkbox"/> Child of a former:

**Select the appropriate classification:**

- |  |   |
|--|---|
| <input type="checkbox"/> Law Enforcement                                     | <input type="checkbox"/> Firefighter  |
| <input type="checkbox"/> Correctional or Probation Officer                   | <input type="checkbox"/> Investigator - Department of Health, Revenue,<br>Children & Family, Department of Agriculture and<br>Department of Business & Professional Regulations |
| <input type="checkbox"/> State Attorney or US Attorney                       | <input type="checkbox"/> Government Management Employee   |
| <input type="checkbox"/> State Prosecutor or Public Defender                 | <input type="checkbox"/> Guardian ad Litem  |
| <input type="checkbox"/> Judge - Supreme District Appeals, Circuit or County | <input type="checkbox"/> Service member of the US Armored Forces who<br>served after 9/11/2001  |
| <input type="checkbox"/> Code Enforcement Officer                            |   |
| <input type="checkbox"/> Victim of a violent crime                           |   |

***(Must attach official verification of crime,  
i.e. police report or injunction)***

Qualifying Employer: \_\_\_\_\_

**I hereby affirm that the above information provided is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form **and supporting documentation** to:

**Seminole County Tax Collector**

ATTN: Business Tax Receipt

PO Box 630

Sanford, FL 32722