



# Tourist Development Tax

J.R. Kroll | Seminole County Tax Collector

(407) 665-1000

SEMINOLECOUNTY.TAX

PO BOX 630, SANFORD, FL 32771

## Application for Reporting: Account Number and Reporting Forms

**THE SEMINOLE COUNTY TOURIST DEVELOPMENT TAX APPLIES TO ANYONE WHO OWNS, OPERATES, OR IS AN AGENT OF TRANSIENT PROPERTY.**

### BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

### PROPERTY INFORMATION:

PROPERTY NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

*\* Please check local zoning and or HOA requirements before renting to make sure the parcel is zoned for short term rental.*

FEDERAL EMPLOYER ID #: \_\_\_\_\_

### **OR**

SOCIAL SECURITY #: \_\_\_\_\_

*\*Social Security Numbers are used as unique identifiers for the administration of Florida's tax laws. They are confidential under Florida Statutes 119.0721 and 213.053, and are not subject to disclosure as public records.*

FLORIDA SALES TAX #: \_\_\_\_\_

BUSINESS BANK: \_\_\_\_\_

*\*Bank information is required. This information is only used if the account becomes delinquent and a levy is filed pursuant to F.S. Chapters 212 & 213.*

BANK ACCOUNT #: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

### RETURN TO:

**Seminole County Tax Collector**

**PO Box 630**

**Sanford, FL 32772**

### PROPERTY MANAGEMENT INFORMATION

MANAGEMENT COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

TYPE OF RENTAL FACILITY: \_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_

### REASON FOR FILING:

- NEW APPLICATION
- NEW BUSINESS
- CHANGE OF OWNERSHIP
- CHANGE OF LEGAL ENTITY
- CHANGE OF LOCATION
- CHANGE OF AGENT
- CHANGE OF MANAGEMENT COMPANY

### IF CHANGE OF OWNERSHIP, LEGAL ENTITY OR BUSINESS LOCATION, COMPLETE:

REAL ESTATE PARCEL #: \_\_\_\_\_

DATE OF CHANGE: \_\_\_\_\_

PERSONAL PROPERTY ACCOUNT #: \_\_\_\_\_

COUNTY BUSINESS TAX RECEIPT #: \_\_\_\_\_

FL CORP ID # (IF APPLICABLE): \_\_\_\_\_

### TYPE OF BUSINESS ORGANIZATION

- CORPORATION
- TRUST
- PROFESSIONAL ASSOCIATION
- INDIVIDUAL
- OTHER: \_\_\_\_\_
- DATE: \_\_\_\_\_