



# 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 |
|---------------------------------|----------------|------|-----------------------|
|                                 |                |      |                       |
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|                                 |                |      |                       |
|                                 |                |      |                       |

\*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: |
|---------------------|-------|

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

