



# Voluntary Election to Become an Employer Under the Florida Reemployment Tax\* Law

Complete this form only if you do not meet the liability criteria

RTS-2  
R. 01/13  
TC  
Rule 73B-10.037  
Florida Administrative Code  
Effective Date 11/14



Owner name:

(Legal name of individual, principal partner, or corporation)

Mailing address:

City

State

ZIP

The above named, being an employing unit under the Florida reemployment tax law, to the same extent as any other employer liable to pay contributions thereunder, does hereby voluntarily elect, according to the terms and provisions of Section 443.121(3), Florida Statutes (F.S.), thereof, to become, as of

(a) first day of January, 20

(b) date stated in firm's request   -   -    
Month Day Year

an employer liable to pay contributions under the Florida reemployment tax law, to the same extent as any other employer, and hereby makes application for the written approval of such election by the Department.

The undersigned agrees to be governed by all the terms, conditions and provisions of the Florida reemployment tax law and the rules and regulations of the Florida Department of Revenue to pay the contributions required of employers by said law.

The undersigned attaches hereto fully executed DR-1.

Date:   -   -    
Month Day Year

Owner name: \_\_\_\_\_  
(Legal name of individual, principal partner, or corporation.)

By: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

\* Formerly Unemployment Tax

## FOR DEPARTMENTAL USE

Approved  Denied

By: \_\_\_\_\_  
State of Florida  
Department of Revenue

Date:   -   -    
Month Day Year

Effective date of liability:

-   -    
Month Day Year

**Return address:** Florida Department of Revenue  
PO Box 6510  
Tallahassee FL 32314-6510

**For assistance call:**  
800-352-3671

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