

Agent Name:

Mailing Address:

Agent Number (5 digits):

## Florida Department of Revenue **Reemployment Tax\* Agent/Client Change Form**

Contact:

Title:

Phone:

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

**RTS-10** 

FEIN:	Fax:	Fax:			
Use this form to add or delete clients for the purpose of filing or paying reemployment tax.					
	3 · [ 3 · ]				
			ADD	DELETE	
Client Name and Mailing Address	RT Account No.	FEIN	*Effective Begin Date	**Effective End Date	

Signature of Agent:	Date:

Mail to: Account Management

Florida Department of Revenue

PO Box 6510

Tallahassee, FL 32314-6510

For more information call 850-488-6800.

<sup>\*</sup>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).

<sup>\*\*</sup>Effective End Date is the last day of the reporting period for which you represent the client (i.e., 3/31/07, 6/30/07, 9/30/07, 12/31/07).

<sup>\*</sup> Formerly Unemployment Tax



**ADD DELETE FEIN** \*\*Effective **Client Name and Mailing Address** \*Effective Account No. **End Date Begin Date** 

<sup>\*</sup>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).

<sup>\*\*</sup>Effective End Date is the last day of the reporting period for which you represent the client (i.e., 3/31/07, 6/30/07, 9/30/07, 12/31/07).

(Attach additional sheets, if necessary.)