



Affidavit of Concurrent Employment



State of _____

County of _____

_____, being duly sworn, does depose and say:
[name of person signing this form (affiant)]

1. I hold the office indicated for the following common paymaster and related corporation(s) or limited liability company(ies) (LLC or LLCs) treated as corporations for federal income tax purposes:

Corporate or LLC Name	RT Account Number	Office Held

and I have personal knowledge regarding the facts stated in this affidavit.

2. I understand that "concurrent employment" means simultaneous employment relationships between an individual, the common paymaster, and related corporations/LLCs. That those relationships require the performance of services by the employee for the benefit of the related corporations/LLCs, including the common paymaster, in exchange for wages that, if deductible for federal income tax, are deductible by the related corporations/LLCs.
3. That there is "concurrent employment" between the individual, the common paymaster, and the related corporations/LLCs listed below. That the employees perform services for the benefit of the related corporations/LLCs, including the common paymaster, in exchange for wages that, if deductible for the purposes of federal income tax, are deductible by the related corporations/LLCs.
4. That the name and reemployment tax account number of the common paymaster is:

 Name RT Account Number

5. That the names and reemployment tax account numbers of the related corporations/LLCs, which are related according to section (s.) 443.1216(1)(d)3, Florida Statutes (F.S.), are:

Related Corporation/LLC	RT Account Number

(Attach additional sheets, if necessary.)



6. The following is a list of employees who are engaged in concurrent employment, their social security numbers, the quarter and year they were first engaged in concurrent employment, the names of the corporations/LLCs for which their services are performed (other than the common paymaster), the corporations'/LLCs' reemployment tax account numbers, and the physical locations where the services are performed:

Name of Employee Social Security Number*	Name of Corporation/LLC Other than Common Paymaster	Quarter/Year First Engaged	RT Account Numbers Reported Under	Physical Locations Where the Services are Performed

7. That I understand s. 443.071(2), F.S., states that “Any employing unit or any officer or agent of any employing unit or any other person who makes a false statement or representation, knowing it to be false, or who knowingly fails to disclose a material fact, to prevent or reduce the payment of benefits to any individual entitled to benefits, to avoid becoming or remaining subject to this chapter, or to avoid or reduce any contribution, reimbursement, or other payment required from an employing unit under this chapter commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, F.S.”

(signature of affiant)

Sworn to (or affirmed) and subscribed before me by means of __ physical presence or __ online notarization on

this ____ of _____, _____ by _____
day month year affiant

Signature of Notary Public

Personally known _____ Or
Produced identification _____

Type of identification produced _____ Print, Type, or Stamp Commissioned Name of Notary Public

*Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida’s taxes. Social security numbers obtained for tax administration purposes are confidential under sections 213.053 and 119.071, F.S., and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit floridarevenue.com/privacy for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

(Attach additional sheets, if necessary.)