



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



Agent Name:	Contact:
Mailing Address:	Title:
Agent Number (5 digits):	Phone:
FEIN:	Fax:

Use this form to add or delete clients for the purpose of filing or paying reemployment tax.

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

\*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).

\*\*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).

Signature of Agent:	Date:
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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

