FLORIDA
DEPARTMENT OF REVENUE

Affidavit of Concurrent Employment

RTS-72
R. 12/15
TC
Rule 73B-10.037
Florida Administrative Code
Effective Date 12/15

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 liability company(ies) LLC(s) 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 corporation/LLCs.

3. That there is "concurrent employment" between the individual, the common paymaster, and the related corporation/LLC(s) listed below. That the employees perform services for the benefit of the related corporation/LLC(s), 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 name of the corporation/LLCs for which their services are performed (other than the common paymaster), and the corporation/LLCs' reemployment tax account numbers:

Name of Employee Social Security Number*	Name of Corporation/LLC Other than Common Paymaster	Quarter/Year First Engaged	RT Account Numbers Reported Under

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 and subscribed before me this _____ day of _____ by _____, who is personally

known to me or has produced _____ as identification.

NOTARY PUBLIC Commission Number _____

*Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs 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 our Internet site at **www.floridarevenue.com** and select "Privacy Notice" 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.)