



## Client Company Change Form Reemployment Tax

RTS-11  
N. 11/15



Employee Leasing Company Name:	Contact Person:
Mailing Address:	Title:
Reemployment Tax Account Number:	Phone:
FEIN:	Fax:

To facilitate an employee leasing company's compliance with its responsibilities under Section 468.529(3), F.S., the Department recommends that this form be used to add or delete client companies within 30 days of the initiation or termination of a relationship.

Client Company Name and Mailing Address	Lease All or Partial Employees	RT Account No.	FEIN	ADD	DELETE
				Begin Date	End Date

Signature:	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



Client Company Name and Mailing Address	Lease All or Partial Employees	RT Account No.	FEIN	ADD Begin Date	DELETE End Date

(Attach additional sheets, if necessary.)