Employer Account Change Form

If you need to report a change in legal entity or a change in ownership, you must submit a new Florida Business Tax Application (DR-1).

Section 1: Identify your tax account. To ensure changes are made to the correct account, please complete the following information.

| Account Name (name of business or individual): | RT Account Number: |
| Mailing Address: | Business Partner Number: |
| City/State/ZIP: | Tax Certificate Number: |
| Email Address: | Federal Identification Number: |
| Telephone Number: | Extension: | Fax Number: |

Section 2: Tax Type. This change applies to reemployment tax "RT". However, if you wish to apply this change to your other tax accounts, please check the applicable boxes below.

- [ ] Corporate Income Tax
- [ ] Gross Receipts Tax
- [ ] Communications Services Tax
- [ ] Sales and Use Tax
- [ ] Motor Fuels Tax
- [ ] Documentary Stamp Tax
- [ ] Solid Waste Fees and Surcharge
- [ ] E-911 Fees

Section 3: Change your address. Select the address type and provide the new address information.

| Address Type: (choose one or more) | Business Location Address | RT Benefit/Claims Notice | RT Tax Rate Notice |
| Mailing Address | |
| New Address Information: (name of business or individual) | |
| Mailing Address: | Fax Number: |
| City/State/ZIP: | Telephone Number: | Extension: |

Section 4: Change your account status. Request to inactivate, reactivate or cancel your account. Check the box next to the appropriate action and provide the date this action becomes effective.

- [ ] Inactivate – I have temporarily suspended business operations; I have no employees.
- [ ] Reactivate – My business is now active; I am again paying wages.
- [ ] Cancel – I have no plans for future business activity; cancellations can not be reversed.

Section 5: Corporate name change. I have changed my corporate name.

Corporate name changed to: Effective date:

Section 6: Leasing Employees. I am leasing all or part of my employees.

- [ ] Leasing all of my employees
- [ ] Leasing part of my employees

Leasing Company’s RT Account Number:

Leasing Company’s Federal Identification Account Number:

Leasing Company’s DBPR License Number:

Date I began leasing employees:

Section 7: Sign and date

I certify that I am legally authorized to make these changes with respect to the account number shown above.

Signature: Date: Telegraph Number:

Sign and date this Employer Account Change Form

mail to: Florida Department of Revenue P.O. Box 6510 Tallahassee FL 32314-6510

or email to: DOC_MGR@floridarevenue.com or fax to: 850-922-0859

Contact 850-488-6800 for assistance. Information and forms are available at floridarevenue.com