



Application for Air Carrier Fuel Tax License

R. XX/XX
Effective XX/XX

DR-176
R. 01/21

Rule 12B-5.150, F.A.C.
Effective 01/21
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You must complete this application with appropriate attachments and receive approval by the Florida Department of Revenue **before** engaging in or conducting business involving fuel in the State of Florida.

1. Federal Employer Identification Number (FEIN) FEIN -

2. Business Name _____ Phone No. _____

3. Trade Name, D.B.A. or A.K.A. _____ Fax No. _____

4. Contact Person _____ Phone No. _____ ext. _____

5. Type and Legal Organization: (Please check only one)

A) ☐ Corporation (check one): ☐ C Corp ☐ S Corp

If corporation, check all boxes that apply:

☐ Publicly Held Corporation ☐ Privately Held Corporation ☐ Wholly Owned Subsidiary of a Publicly Held Corporation

B) ☐ Partnership (check one): ☐ General ☐ Limited ☐ Joint Venture

C) ☐ Limited Liability Company (check one): ☐ Single Member ☐ Multi-member

D) ☐ Individual/Sole Proprietorship

E) ☐ Business Trust

F) ☐ Governmental Agency

6. Principal Business Location Address (cannot be a post office box) _____

City _____ County _____ State _____ ZIP _____

Country _____ Foreign Postal Code _____

7. Do you receive tax-free aviation fuel under U.S. Customs bond? ☐ Yes ☐ No

If yes, enter the number of gallons received each month _____

8. Corporation Information

A) License Applicant: If filing as a corporation, list your state of incorporation: _____

List other states where your corporation has operated or is operating: _____

B) Parent Corporation (if applicable) Parent Corporation FEIN -

Parent Corporation Name _____

Parent Corporation Address _____

City _____ County _____ State _____ ZIP _____

Country _____ Foreign Postal Code _____ Phone No. _____ Ext. _____

NOTE: If incorporated in a state other than Florida, you must attach a certified copy of the certificate or license issued by the Florida Secretary of State authorizing the corporation to transact business in Florida.

9. **Personnel/Partner Information:** Full name, social security number (SSN), FEIN (if applicable), and address of each corporate officer, owner, general partner, stockholder with a controlling interest, and/or director. (You may make copies of this page if additional space is needed.)

A) Name _____ SSN - (Individual)
 Home Address _____ FEIN - (Business)
 City _____ County _____ State _____ ZIP _____
 Country _____ Foreign Postal Code _____ Phone No. _____ Ext. _____
 Corporate or Business Title _____ Interest/Ownership _____ %

B) Name _____ SSN - (Individual)
 Home Address _____ FEIN - (Business)
 City _____ County _____ State _____ ZIP _____
 Country _____ Foreign Postal Code _____ Phone No. _____ Ext. _____
 Corporate or Business Title _____ Interest/Ownership _____ %

C) Name _____ SSN - (Individual)
 Home Address _____ FEIN - (Business)
 City _____ County _____ State _____ ZIP _____
 Country _____ Foreign Postal Code _____ Phone No. _____ Ext. _____
 Corporate or Business Title _____ Interest/Ownership _____ %

D) Name _____ SSN - (Individual)
 Home Address _____ FEIN - (Business)
 City _____ County _____ State _____ ZIP _____
 Country _____ Foreign Postal Code _____ Phone No. _____ Ext. _____
 Corporate or Business Title _____ Interest/Ownership _____ %

Note: 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, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit the Department's website at floridarevenue.com/privacy for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Affidavit of Applicant(s)

I, the undersigned individual(s), or if a corporation for itself, its officers, and directors, hereby swear that I am duly authorized to make the foregoing application and that the application, including all attachments, represent the premises to be licensed. If licensed, I agree that the place of business may be inspected and searched, during business hours or at any time business is being conducted on the premises, by officials and agents of the Department of Revenue for the purposes of determining compliance with Chapter 206, F.S.

Under penalties of perjury, I declare that I have read the foregoing Application, including all attachments, and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Applicant

WARNING:

Read carefully: This instrument is a sworn document. False answers could result in criminal prosecution subject to fine and/or imprisonment and denial of your application.

Instructions for Application for Air Carrier F

Move highlighted sentence after 'collection period.'

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Add: requested

Insert a period after 'documentation.'

Who must register.

A commercial air carrier that operates in Florida must apply to the Department of Revenue for an air carrier fuel tax license. To obtain a license, the applicant must complete an *Application for Air Carrier Fuel Tax License* (Form DR-176) and furnish all documentation that the Department may require. The license must be renewed annually.

Delete

How much is the registration fee?

No fee is required.

Where do I send the application?

Mail this application and the applicable surety bond(s) to:

Account Management / Fuel Unit MS 1-5730

Florida Department of Revenue

5050 W. Tennessee St.

Tallahassee, FL 32399-0160

Tallahassee

How and when do I report the tax?

Once you have registered to collect and/or report aviation fuel tax, you will receive a monthly *Florida Air Carrier Fuel Tax Return* (Form DR-182). Taxes are due to the Department on the 1st day of the month following the collection period. Your return is late if delivered or postmarked after the 20th day of the month following the collection period. If the 20th is a Saturday, Sunday, state holiday, or federal holiday, your return must be postmarked or delivered to the Department by the next

business day. **Penalty and interest may be due if your return is not postmarked by the 20th. You must file a return even if no tax is due.**

~~If you make a tax payment using electronic funds transfer (EFT), transmit your payment before 5:00 p.m., ET, on the banking business day prior to the 20th.~~

Delete

When do I need to contact the Department of Revenue?

- To file this application.
- If your business moves.
- If you close your business.
- If you change or add a licensable business activity.
- If your contact person changes.

What are my Electronic Payment Obligations?

~~You will be required to submit your payment by Electronic Funds Transfer (EFT) if you pay more than \$20,000 in aviation tax between July 1 and June 30 of any given year. You may obtain additional information on electronic filing and/or enroll for EFT on the Department's website at: **floridarevenue.com**.~~

Insert paragraphs marked A Electronic Payment of Tax (2 paragraphs)

Contact Information

Replace Contact Information Text with text marked #B at end of document

~~If you need more information or have questions, call Taxpayer Services at 850-488-6800, Monday through Friday excluding holidays.~~

~~Information, forms, and tutorials are available on our website: **floridarevenue.com**~~

~~For written replies to tax questions, write to:~~

~~Taxpayer Services - MS 3-2000~~

~~Florida Department of Revenue~~

~~5050 W Tennessee St~~

~~Tallahassee FL 32399-0112~~

~~To find a taxpayer service center near you, go to: **floridarevenue.com/taxes/servicecenters**~~

New Text for DR-176 for 01/2023

(# A) *A is both paragraphs*

Electronic Payment of Tax

You may voluntarily pay taxes electronically. However, if you paid \$5,000 or more in aviation fuel tax during the State of Florida's prior fiscal year (July 1 - June 30), you must electronically pay taxes in the next calendar year. You may use the Department's free and secure website to pay tax electronically. Visit floridarevenue.com/taxes/filepay for information on paying tax electronically.

When you **electronically pay**, you must initiate your electronic payment and **receive a confirmation number no later than 5 p.m. ET on the business day prior to the 20th day of the month** to avoid penalty and interest. Keep the confirmation number in your records. For a list of electronic payment deadlines, visit floridarevenue.com/forms and select the *Florida eServices Calendar of Electronic Payment Deadlines* (Form DR-659) under the eServices section.

(#B)

Contact Us

Information and tutorials are available at floridarevenue.com/taxes/education.

Tax forms and publications are available at floridarevenue.com/forms.

To speak with a Department of Revenue representative, call Taxpayer Services at 850-488-6800, Monday through Friday, excluding holidays.

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