



**DR-665000**  
**N. XX/XX**  
**Rule 12-29.003, F.A.C.**  
**Effective XX/XX**  
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\$ \_\_\_\_\_ Corporate Income Tax  
Beginning Date of Tax Year: \_\_\_\_\_ Ending Date of Tax Year: \_\_\_\_\_

\$ \_\_\_\_\_ Insurance Premium Tax  
Prior Calendar Year: \_\_\_\_\_ or Current Calendar Year: \_\_\_\_\_

\$ \_\_\_\_\_ Excise Tax on Malt Beverages  
For the Fiscal Year beginning July 1, \_\_\_\_\_  
Malt Beverage License Number: \_\_\_\_\_

\$ \_\_\_\_\_ Excise Tax on Wine Beverages  
For the Fiscal Year beginning July 1, \_\_\_\_\_  
Wine Beverage License Number: \_\_\_\_\_

\$ \_\_\_\_\_ Excise Tax on Liquor Beverages  
For the Fiscal Year beginning July 1, \_\_\_\_\_  
Liquor Beverage License Number: \_\_\_\_\_

I understand that section 402.63, Florida Statutes, requires the Florida Department of Revenue to provide a copy of any approval or denial it issues with respect to the eligible charitable organization indicated in this application.

Under penalties of perjury, I declare that I have read this application and that the facts stated in it are true.

\_\_\_\_\_  
Signature of officer, owner, or partner

\_\_\_\_\_  
Date

**Contact Information**

For additional information regarding the Home Away From Home Tax Credit Program, contact Revenue Accounting:

**Phone: 850-617-8586**

**Fax: 850-921-1171**

**Email: [CreditTrackingGroup@floridarevenue.com](mailto:CreditTrackingGroup@floridarevenue.com)**

If you are unable to apply online at [floridarevenue.com/taxes/multitaxcredits](http://floridarevenue.com/taxes/multitaxcredits), submit your completed application to:

Revenue Accounting                      or  
Florida Department of Revenue  
PO Box 6609  
Tallahassee FL 32314-6609

**Fax: 850-921-1171      or      Email: [CreditTrackingGroup@floridarevenue.com](mailto:CreditTrackingGroup@floridarevenue.com)**