Florida Business Tax Application for Marketplace Providers and Remote Sales *

*Screenshots from the Department of Revenue’s registration web application. The included screenshots display required information for businesses registering as a marketplace provider or persons who made a substantial number of remote sales in the previous calendar year.

This document is for informational purposes only.
Florida Business Tax Application

- **Legal Name of Business**
- **Business Trade Name** (doing business as)
- **Telephone Number**
- **Fax Number**

- **Is this business location only open during a portion of a calendar year?**
  - Yes
  - No

This document is for informational purposes only.
Remote Sales

Retail sales of taxable items are remote sales subject to Florida sales and use tax, including any applicable discretionary sales surtax, when:
- The item is ordered through the Internet or by telephone, mail, or other methods of communication,
- The order is received by the seller outside Florida, and
- The item is delivered to a Florida address.

Remote Sellers

A seller located outside of Florida is required to register to collect and remit sales tax on the retail sale of taxable items, including any applicable discretionary sales surtax, if all the following conditions apply:
- The seller directly received the order of the taxable item.
- The taxable item was delivered to a Florida address.
- The seller made remote sales of taxable items delivered to Florida addresses in the previous calendar year that totaled $100,000 or more.

If the seller also uses a marketplace provider to facilitate retail sales through a marketplace, the seller excludes those sales when determining whether the seller is required to register. Sales facilitated by a marketplace provider through a marketplace will be reported by the marketplace provider.

Marketplace Providers

A business that enters into agreements with sellers to facilitate retail sales by listed or advertising items for sale in a marketplace is required to register to collect and remit sales tax, including any applicable discretionary sales surtax, on behalf of the marketplace sellers, if both the following conditions apply:
- The business collects payments for items sold to customers on behalf of a marketplace seller and transmits all or part of the payment to the seller.
- The business facilitated, through its marketplace, taxable remote sales in the previous calendar year that totaled $100,000 or more.

A marketplace includes electronic medium or a physical place where items are offered for sale.

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My business is located outside of Florida and directly received orders totaling $100,000 or more in the previous calendar year for taxable items delivered to Florida addresses. (If you have a business location in Florida, you should check “No” to this question.)

- [ ] Yes
- [ ] No

My business is located outside of Florida and enters into agreements with sellers to facilitate sales of taxable items to be delivered to Florida addresses, collects payments on behalf of these sellers, and in the previous calendar year, facilitated $100,000 or more collectively in sales for these sellers.

- [ ] Yes
- [ ] No
### Business Addresses

#### Physical Location of Business or Rental Property

<table>
<thead>
<tr>
<th>Field</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical street address of business location or Florida rental property</td>
<td>Required</td>
</tr>
<tr>
<td>Street Address</td>
<td>Required</td>
</tr>
<tr>
<td>Apt/Suite/Other</td>
<td>Optional</td>
</tr>
<tr>
<td>City</td>
<td>Required</td>
</tr>
<tr>
<td>Country</td>
<td>USA</td>
</tr>
<tr>
<td>State/Region</td>
<td>Florida</td>
</tr>
<tr>
<td>Florida County</td>
<td>Select your Florida county...</td>
</tr>
<tr>
<td>Postal Code</td>
<td>Required</td>
</tr>
</tbody>
</table>

#### Business Mailing Address

- Provide the name and mailing address where tax returns and other correspondence for your business are to be mailed.

- **Mail To**: Optional

- **Existing Addresses on Record**: New Address...

<table>
<thead>
<tr>
<th>Field</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Required</td>
</tr>
<tr>
<td>Apt/Suite/Other</td>
<td>Optional</td>
</tr>
<tr>
<td>City</td>
<td>Required</td>
</tr>
<tr>
<td>Country</td>
<td>USA</td>
</tr>
<tr>
<td>State/Region</td>
<td>Florida</td>
</tr>
<tr>
<td>Postal Code</td>
<td>Required</td>
</tr>
</tbody>
</table>
Enter the six-digit North American Industry Classification System (NAICS) code(s) that best describes your business activities at this location. Enter your primary code first. You must enter at least one NAICS code in order to continue.

Select NAICS code lookup method
- Enter Known NAICS Code
- Search for NAICS Code

Enter Known NAICS Codes

Search for your NAICS code, select the matching SIC code, then click the Add button.

Enter NAICS Code

Search

NAICS Description

Select Your SIC Description

Select description...

Add

Business Activities

<table>
<thead>
<tr>
<th>NAICS Code</th>
<th>NAICS Description</th>
<th>SIC Code</th>
<th>SIC Description</th>
</tr>
</thead>
</table>

No Business Activities Found

Note: You must register at least 1 and no more than 20 business activities.
Florida Business Tax Application

Form Navigation

- Business Information
  - Reason for Applying
  - Business Details
  - Remote Sales
  - Business Addresses
  - Business Activity Reporting
  - Business Activities
- Business Type

Business Type

Select your form of business ownership

Select one...
- Sole Proprietor (individual owner)
- Partnership
- Corporation
- Limited liability company (LLC)
- Estate
- Trust
- Governmental Agency

Previous Page  Clear & Reset  Save & Continue
## Sole Proprietor Details

All information provided as a part of this application is held confidential by the Florida Department of Revenue. Social security numbers 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 social security number 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 social security numbers, including authorized exceptions.

### Identifier Type
- Select one...

### Federal Employer Identification Number (FEIN)
- Optional

## Business Owner

Provide the following information about this business’s sole proprietor.

<table>
<thead>
<tr>
<th>Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Identifier</th>
<th>SSN</th>
<th>Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number (SSN)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Optional</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Required</th>
<th>EXT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Existing Addresses on Record</th>
<th>New Address...</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Required</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Apt/Suite/Other</th>
<th>Optional</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Required</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Country</th>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State/Region</th>
<th>Florida</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Postal Code</th>
<th>Required</th>
</tr>
</thead>
</table>

This document is for informational purposes only.
Business Type

Select your form of business ownership

Partnership Details

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Partnership Type

Select one...

- Married Couple
- General Partnership
- Limited Liability Partnership (LLP)
- Limited Partnership (LP)
- Joint Venture
### Partnership Details

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<table>
<thead>
<tr>
<th>Partnership Type</th>
<th>Married Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier Type</td>
<td>Select one...</td>
</tr>
<tr>
<td>Federal Employer Identification Number (FEIN)</td>
<td>Optional</td>
</tr>
</tbody>
</table>

### Partnership Details

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<table>
<thead>
<tr>
<th>Partnership Type</th>
<th>General Partnership</th>
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</thead>
<tbody>
<tr>
<td>Federal Employer Identification Number (FEIN)</td>
<td>Required</td>
</tr>
</tbody>
</table>

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### Partnership Details

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<table>
<thead>
<tr>
<th>Partnership Type</th>
<th>Limited Liability Partnership (LLP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Employer Identification Number (FEIN)</td>
<td>Required</td>
</tr>
</tbody>
</table>

### Partnership Details

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<table>
<thead>
<tr>
<th>Partnership Type</th>
<th>Limited Partnership (LP)</th>
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</thead>
<tbody>
<tr>
<td>Federal Employer Identification Number (FEIN)</td>
<td>Required</td>
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</tbody>
</table>

### Partnership Details

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<table>
<thead>
<tr>
<th>Partnership Type</th>
<th>Joint Venture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Employer Identification Number (FEIN)</td>
<td>Required</td>
</tr>
</tbody>
</table>
The following information is required for each type of partnership.
This document is for informational purposes only.
Corporation Details

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<table>
<thead>
<tr>
<th>Corporation Type</th>
<th>C Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Employer Identification Number (FEIN)</td>
<td>Required</td>
</tr>
</tbody>
</table>

Corporation Details

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<table>
<thead>
<tr>
<th>Corporation Type</th>
<th>S Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Employer Identification Number (FEIN)</td>
<td>Required</td>
</tr>
</tbody>
</table>
This document is for informational purposes only.
The following information is required for each type of corporation.

Business Officer

Provide the following information for each director, officer, managing member, grantor, personal representative, or trustee of the business entity.

- **Name**
  - Person
  - Business/Organization
  - First Name
  - Middle Name
  - Last Name
  - Title

- **Identifier**
  - SSN (last 4)
  - Visa
  - Social Security Number (last 4)

- **Telephone Number**
  - Required
  - EXT

- **Existing Addresses on Record**
  - New Address...

- **Street Address**
  - Required

- **Apt/Suite/Other**
  - Optional

- **City**
  - Required

- **Country**
  - USA

- **State/Region**
  - Florida

- **Postal Code**
  - Required

This document is for informational purposes only.
Business Type

Select your form of business ownership

Limited Liability Company (LLC)

Limited Liability Company Details

All information provided as a part of this application is held confidential by the Florida Department of Revenue. Social security numbers 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 213.653 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your social security number is authorized under state and federal law. Visit the Department’s website at flordonerevenue.com/privacy for more information regarding the state and federal law governing the collection, use, or release of social security numbers, including authorized exceptions.

Membership Type

Single Member

Single Member Details

Select the member-type that applies to how your LLC is treated for federal income tax.

Single-Member Type

C Corporation

Identifier Type

C Corporation

S Corporation

Disregarded (reported by single member)

Federal Employer Identification Number (FEIN)

Multi-member Details

Select the member-type that applies to how your LLC is treated for federal income tax.

Multi-Member Type

Multi-member

Identifier Type

C Corporation

S Corporation

Partnership

Federal Employer Identification Number (FEIN)
The following information is required for each type of limited liability company (LLC).

<table>
<thead>
<tr>
<th>Business Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>Person</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td><strong>Identifier</strong></td>
</tr>
<tr>
<td>SSN (last 4)</td>
</tr>
<tr>
<td>Visa</td>
</tr>
<tr>
<td>Social Security Number (last 4)</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
</tr>
<tr>
<td>Required</td>
</tr>
<tr>
<td>EXT</td>
</tr>
<tr>
<td><strong>Existing Addresses on Record</strong></td>
</tr>
<tr>
<td>New Address…</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td>Required</td>
</tr>
<tr>
<td><strong>Apt/Suite/Other</strong></td>
</tr>
<tr>
<td>Optional</td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td>Required</td>
</tr>
<tr>
<td><strong>Country</strong></td>
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<tr>
<td>USA</td>
</tr>
<tr>
<td><strong>State/Region</strong></td>
</tr>
<tr>
<td>Florida</td>
</tr>
<tr>
<td><strong>Postal Code</strong></td>
</tr>
<tr>
<td>Required</td>
</tr>
</tbody>
</table>

This document is for informational purposes only.
Business Type

Select your form of business ownership

Estate

Estate Details

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Identifier Type

Select one...

Select one...

FEIN
SSN
Visa

Save & Continue ➤
The following information is required for estate business officers.

Business Officer

Provide the following information for each director, officer, managing member, grantor, personal representative, or trustee of the business entity.

- **Name**: Person/Business/Organization
  - First Name
  - Middle Name
  - Last Name
  - Title

- **Identifier**: SSN (last 4)/Visa
  - Social Security Number (last 4)

- **Telephone Number**: Required/EXT

- **Existing Addresses on Record**: New Address...

- **Street Address**: Required

- **Apt/Suite/Other**: Optional

- **City**: Required

- **Country**: USA

- **State/Region**: Florida

- **Postal Code**: Required

Add Officer
The following information is required for each type of trust.

<table>
<thead>
<tr>
<th>Name</th>
<th>Business/Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Middle Name</td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
</tbody>
</table>

**Identifier**
- SSN (last 4)
- Visa
- Social Security Number (last 4)

**Telephone Number**
- Required
- EXT

**Existing Addresses on Record**
- New Address...

**Street Address**
- Required

**Apt/Suite/Other**
- Optional

**City**
- Required

**Country**
- USA

**State/Region**
- Florida

**Postal Code**
- Required
## Business Type

<table>
<thead>
<tr>
<th>Select your form of business ownership</th>
<th>Governmental Agency</th>
</tr>
</thead>
</table>

## Government Agency Details

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| Federal Employer Identification Number (FEIN) | —— |
This information is not required for all business types.

<table>
<thead>
<tr>
<th>Business Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Florida Incorporation or Organization</strong></td>
</tr>
<tr>
<td><strong>Fiscal Year Ending Date</strong></td>
</tr>
<tr>
<td><em>(Generally &quot;12/31&quot;, however a business may elect a different fiscal year)</em></td>
</tr>
</tbody>
</table>

This information is required for all business types.

<table>
<thead>
<tr>
<th>Business Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>
Sales, Rentals, or Repairs of Products

Florida sales and use tax applies to the sale or rental of each item of tangible personal property (personal property that may be seen, weighed, measured, or touched or is in any manner perceptible to the senses, including electricity). Sales tax is collected by the seller of an item of tangible personal property from the consumer purchasing the item. If you are selling items to businesses that sell the items to the consumer, you are engaged in selling products at wholesale.

Florida sales and use tax applies to charges for adjusting, applying, installing, maintaining, remodeling, or repairing items of tangible personal property when parts are furnished by the repair person. For more information, Rule 12A-1.006, Florida Administrative Code, is available online here.

Florida sales and use tax applies to charges for admissions for admitting a person or vehicle, or for the privilege of entering or staying in, any place of amusement, sport, or recreation, and dues and fees paid to private or membership clubs providing recreational or physical fitness facilities (except those owned or operated by a licensed hospital). For more information, Rule 12A-1.005, Florida Administrative Code, is available online here.

Activities

For each of the business activities listed below, select all that apply to this location. If none of the activities apply to this location, you must select none of the above in order to continue.

- [ ] Sell products at retail (to consumers)
- [ ] Sell products at wholesale (to registered dealers who will sell to consumers)
- [ ] None of the above activities apply to this business location

This document is for informational purposes only.
Prepaid Wireless E911 Fee

- Yes
- No

Do you sell prepaid phones, phone cards, or calling arrangements at this location?

Solid Waste - New Tire Fee, Lead-Acid Battery Fee, and Rental Car Surcharge

Select all activities that apply to your business location.

- Yes
- No

Do you sell (at retail) new tires for motorized vehicles at this location that are sold separately or as part of a vehicle?

- Yes
- No

Do you sell (at retail) new or remanufactured lead-acid batteries at this location that are sold separately or as a component part of another product such as new automobiles, golf carts, or boats?
For purposes of reemployment tax, employees include officers of a corporation and members of a limited liability company classified as a corporation for federal tax purposes who perform services for the corporation or limited liability company and receive payment for such services (salary or distributions).

In addition to registering for Reemployment Tax:

- New Florida employers must register with the Florida New Hire Reporting Center to report newly hired and re-hired employees in Florida at the Florida New Hire Reporting Center website.
- Florida employers are required to obtain appropriate workers’ compensation insurance coverage for their employees. Visit the Florida Division of Workers’ Compensation website.

**Determination of Tax Liabilities**

- **Yes** Do you have or will you have, employees in Florida?
- **No**

- **Yes** Do you, or will you, lease workers from an employee leasing company to work in Florida?
- **No**

- **Yes** Do you use the services of persons in Florida whom you consider to be self-employed, independent contractors other than those engaged in a distinct business, occupation, or profession that serves the general public (e.g., plumber, general contractor, or certified public accountant)?
- **No**
**Enrollment Introduction**

Filing and paying electronically is quick, easy, and secure at floridarevenue.com/taxes/eservices. You can electronically file and pay most taxes, fees and surcharges. Marketplace providers and persons making a substantial number of remote sales (total of taxable remote sales in the previous calendar year exceeds $100,000) must file and remit tax electronically.

You may choose to enroll to file or pay tax electronically. Enrolling allows you to view your payment history, reprint your payment information, and view bills posted to your account. Your bank account and contact information are saved for future transactions.

If you enroll using this application, you will receive a user ID and password for each tax account created based on the information you provide. Each account will have the same contact, banking, and payment method. After you receive your user ID and password, you may log into each tax account and change the contact, banking, and method of payment information.

---

**Do you wish to file returns or pay tax electronically?**

- [ ] Yes
- [ ] No

**Enrollment Details**

- [ ] Enroll for both filing returns and paying tax electronically
- [ ] Enroll only to pay tax electronically
- [ ] File returns and pay tax electronically without enrolling

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This document is for informational purposes only.
### Authorization for Email Communication

Your privacy is important to the *Department of Revenue*. The Department will mail information regarding this application to you. If you wish to receive the information in an email, a written request from you is required. This request allows the Department to send information using its secure email software. This software requires additional steps before you can access the information.

- I authorize the *Department to send information regarding this Florida Business Tax Application using the Florida Department of Revenue’s secure email. I understand that this method requires additional steps to view the information provided.*
This document is for informational purposes only.