



SEMINOLE COUNTY TOURIST DEVELOPMENT TAX

Annual Information Update

BUSINESS NAME _____

OWNER NAME _____

MAILING ADDRESS _____

CITY _____ ST ____ ZIP _____

TEL. NO (_____) _____

TYPE OF RENTAL FACILITY _____

NUMBER OF UNITS _____

IF DIFFERENT THAN ABOVE:

PROPERTY NAME _____

PROPERTY ADDRESS _____

CITY _____ ST ____ ZIP _____

TEL. NO (_____) _____

FEDERAL EMPLOYER ID # _____

OR

SOCIAL SECURITY NUMBER*

(Social Security Numbers are used as unique identifiers for the Administration of Florida's tax laws. They are confidential under Florida Statutes 119.0721 and 213.053, and are not subject to disclosure as public records.)

FLORIDA SALES TAX # _____

BUSINESS BANK _____

BANK ACCOUNT # _____

BANK ADDRESS _____

CITY _____ ST ____ ZIP _____

SIGNATURE _____

PRINT NAME _____

IF CHANGE OF OWNERSHIP, LEGAL ENTITY OR BUSINESS LOCATION, COMPLETE:

DATE OF CHANGE ____ / ____ / ____

REAL ESTATE PARCEL# _____

PERSONAL PROPERTY ACCOUNT # _____

COUNTY BUSINESS TAX RECEIPT # _____

FL CORP ID # (IF APPLICABLE) _____

TYPE OF BUSINESS ORGANIZATION:

- CORPORATION
- TRUST
- PROFESSIONAL ASSOCIATION
- PARTNERSHIP
- INDIVIDUAL
- OTHER _____

DATE _____

RETURN TO:

J.R. KROLL, SEMINOLE COUNTY TAX COLLECTOR

ATTN: MARIBEL WALKER

PO BOX 630

SANFORD, FL 32772-0630

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FAX: 407-665-7603