



# Renewal Notice and Application for Sales and Use Tax Direct Pay Permit

DR-16R  
R. 10/25  
Rule 12A-1.097, F.A.C.  
Effective 12/25

Issued Pursuant to Chapter 212, Florida Statutes

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Permit Number

Effective Date

Expiration Date

Self-Accrual Authority Type

Business Partner No.:

<b>THIS AREA FOR DOR USE ONLY</b>
PERMIT NO. _____
EFF DATE _____
EXP DATE _____

This is to notify you that the permit described above will soon expire. In order to maintain your self-accrual authority, you must complete and sign this renewal application and return it to the Department prior to the expiration date shown above.

### PART I - Self-Accrual Category For Which You Are Renewing (*check only one*):

Check the box next to the appropriate self-accrual authority type that describes your company's qualifying circumstances.

#### Apportionment (APP)

- Air carriers engaged in interstate or foreign commerce.
- Vessels engaged in interstate or foreign commerce.\*
- Railroads engaged in interstate or foreign commerce.\*
- Motor vehicles (common carriers) engaged in interstate or foreign commerce.\*

\* Common carriers must attach a copy of their letter of authority from the U.S. Department of Transportation (DOT).

#### Purchases of Tangible Personal Property (TPP)

- Annual purchases of tangible personal property in excess of \$10 million.
- Annual purchases of tangible personal property in excess of \$100,000 – taxability unknown at time of purchase.

#### Promotional Materials (PRO)

- Purchases of promotional materials – taxability unknown at time of purchase.

### PART II - Certification

I understand that a Sales and Use Tax Direct Pay Permit may only be used for the purposes indicated in section 212.183, Florida Statutes. Under penalties of perjury, I declare that I have read the information provided in this Application and that the facts stated in it are true.

\_\_\_\_\_  
Signature of Owner, Partner, Corporate Officer or Member

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

#### REMEMBER TO:

- > Complete and sign the original renewal application.
- > Return the original application to the address below:

ACCOUNT MANAGEMENT - MS 1-5730  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0160

Or,  
You may email this application to:  
**doc\_mgr@floridarevenue.com.**

## Contact Us

To speak with a Department representative, call Taxpayer Services at 850-488-6800, Monday through Friday, excluding holidays. For a written reply to tax questions, email Taxpayer Services at [fdortaxpayerservices@floridarevenue.com](mailto:fdortaxpayerservices@floridarevenue.com).

To find a **taxpayer service center** near you, go to: [floridarevenue.com/taxes/servicecenters](http://floridarevenue.com/taxes/servicecenters).

Tax forms and publications are available at: [floridarevenue.com/forms](http://floridarevenue.com/forms).

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