



DR-665000
N. 01/26
Rule 12-29.003, F.A.C.
Effective 01/26
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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

If you are unable to apply online at 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