

Account Type

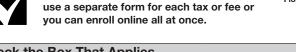
Business Checking

This form can be completed online at www.myflorida.com/dor



DR-600 R. 01/15

Rule 12-24.011 Florida Administrative Code Effective 01/15



To enroll for multiple taxes or fees, you must

Section 1 – Check the Box That Applies							
Initial enrollment Complete all sections		ange in filing/ payment method applete sections 2, 4, 5, and 6	Bank char Complete sec	nge tions 2, 5, and 6	Contact information change Complete sections 2, 3, & 6		
If you wish to enroll for multi application allows you to en		or accounts, you must use a separ taxes at one time.	rate form for each	n one or enroll online u	sing our Internet site. The online		
Section 2 – Business Information							
Business entity name			Type of tax (Note	Type of tax (Note: Only 1 tax type per form)			
FEIN/SSN*			Tax account/certif	Tax account/certificate number (if different from FEIN/SSN)			
administration purposes are co is authorized under state and fe	nfidential u ederal law.	nder sections 213.053 and 119.071, Fl Visit our Internet site at www.myflorid or release of SSNs, including authorize	orida Statutes, and la.com/dor and seled exceptions.	not subject to disclosure ect "Privacy Notice" for n	f Florida's taxes. SSNs obtained for tax as public records. Collection of your SSN nore information regarding the state and		
Floatronio Pov			tact Information Electronic Return Contact Person's Information				
Electronic Payment Contact Person's Information Name			Name	Electronic Neturn Con-	tact reison's information		
Mailing address			Mailing address	Mailing address			
City/State/ZIP			City/State/ZIP	City/State/ZIP			
Telephone number (include area code)		Fax number (include area code)	Telephone numbe	er (include area code)	Fax number (include area code)		
E-mail address			E-mail address				
Contact is a: company emp	oloyee	non-related tax preparer	Contact is a:	company employee	non-related tax preparer		
If tax preparer, provide Preparer Tax	payer Identifi	cation Number (PTIN):	If tax preparer, pro	ovide Preparer Taxpayer Identi	ification Number (PTIN):		
If reemployment (RT) agent, provide RT Agent Number			If reemployment (If reemployment (RT) agent, provide RT Agent Number			
	Se	ction 4 – Filing/Payment M	lethod Select	ion and Descripti	ons		
ACH-Debit (e-check) is the request; the taxpayer's acco		ken when the Department's bank v	withdraws a tax p	ayment from the taxpa	ayer's bank account upon payers		
ACH-Credit is the action ta credited. This is not a cre			x payment to the	Department's bank ac	count; the Department's account is		
Electronically File	Elect	tronically Pay (select one):	ACH Debit (e-	-check) AC	CH Credit		
	Se	ection 5 - Banking Informa	tion (not requ	ired for ACH-Cre	dit)		
Bank Name			ABA Routi	ABA Routing/Transit No.			
Bank Account No.							

Note: Due to federal security requirements, we cannot process international ACH transactions. If any portion of the money used in payments you will make will come from financial institutions located outside of the US or its territories for the purpose of funding these payments, please contact us to make other payment arrangements. If you are unsure, please contact your financial institution.

Business Savings

Personal Savings

Personal Checking

Section 6 - Enrollee Authorization and Agreement

This is an Agreement between the Florida Department of Revenue, hereinafter "the Department," and the business entity named herein, hereinafter "the Enrollee." entered into according to the provisions of the Florida Statutes and the Florida Administrative Code.

By completing this agreement and submitting this enrollment request, the Enrollee applies and is hereby authorized by the Department to file tax returns and reports, make tax and fee payments, and transmit remittances to the Department electronically. This agreement represents the entire understanding of the parties in relation to the electronic filing of returns, reports, and remittances.

The same statute and rule sections that pertain to all paper documents filed or payments made by the Enrollee also govern an electronic return, or payment initiated electronically according to this enrollment.

I certify that I am authorized to sign on behalf of the business entity identified herein, and that all information provided in this document has been personally reviewed by me and the facts stated in it are true. According to the payment method selected, I hereby authorize the Department to present debit entries into the bank account referenced at the depository designated herein (ACH-Debit), or I am authorized to register for the ACH-Credit payment privilege and accept all responsibility for the filing of payments through the ACH-Credit method.

Signature	Title	Date
Print Name	Telephone Number	
Second signature (if dual signature account)	Title	Date

Most change/update requests can be made online if you are already enrolled and have your user information.

Enroll online at www.myflorida.com/dor

or, Complete and mail this form to:

Account Management Mail Stop 1-5730 Florida Department of Revenue 5050 W Tennessee St Tallahassee, FL 32399-0160 Fax 850-922-5088

Call for assistance: 800-352-3671