



**Florida Sales and Use Tax
Certificate of Cash Deposit or Cash Bond**

**DR-17A
R. 01/16**

Rule 12A-1.097
Florida Administrative Code
Effective 01/16

Name of Certificate Holder			
Certificate Number		Federal Employer Identification Number	
Business Location Street Address			
City	County	State	ZIP Code
Mailing Address			
City	County	State	ZIP Code

I am filing with the Florida Department of Revenue this Certificate of Cash Deposit or Cash Bond and the attached CASHIER'S CHECK or MONEY ORDER in the amount of:

_____ (\$ _____).

I certify that I offer or plan to offer services or products subject to sales tax, discretionary sales surtax, fees, or surcharges imposed by or administered by the Department of Revenue according to Chapter 212, Florida Statutes (F.S.). I am required to provide the Department with security, conditioned upon compliance with the requirements of Chapter 212, F.S.

I agree:

1. To collect and remit applicable taxes, surtaxes, fees, and surcharges in a timely manner in accordance with the requirements of Chapter 212, F.S.
2. I understand that if I am more than 30 days delinquent in the payment of any applicable tax, surtax, fee, surcharge, interest or penalty, the Department may cancel this Certificate of Cash Deposit or Cash Bond and apply the deposited amount to any unpaid liabilities.

Under penalties of perjury, I declare that I have read the foregoing certificate and that the facts stated in it are true.

Signature of Owner(s), Partner, Corporate Officer, or Member

Date

Accepted for the Department of Revenue by:

Signature of Executive Director or Designee

Date