

Objection to Address/Jurisdiction Database for Local Communications Services Tax and Local Insurance Premium Tax Service Address Assignment

DR-700025 R. 10/13 TC 07/19 Rule 12A-19.100, F.A.C. Effective 01/14

All requests can be submitted using the Department of Revenue's Internet site at **floridarevenue.com/taxes/pointmatch**.

| Part A: Contact Information I am a (check one): | | |
|--|--|--|
| ☐ Communications Services Provider☐ FDOR Employee | ☐ Individual (insured or purchaser of communications services)☐ Insurance Company or Vendor | |
| ☐ Communications Services Tax Address Vendor Name: | Title: | |
| Company: | Street Address: | |
| City/State/ZIP: | Email address: | |
| Phone Number: | Fax Number: | |
| | | |
| Part B: Service Address Information To submit an ob- floridarevenue.com/taxes/pointmatch or contact | ojection for multiple addresses, use the Department's Internet site at ct us at 850-717-6630 for more information. | |
| Required for all requests. | | |
| The service address I am objecting to has an effective date (if known) of: | | |
| Number and Street | City: | |
| County: | ZIP: | |
| For FDOR Employees only. For SUNTAX related requests, provide all of the following: | | |
| Business Partner #: | Certificate #: | |
| Tax Type: | Owner Name (if not sole proprietor): | |
| Account Name: | Owner Phone: | |
| | | |
| Part C: Basis for Objection Complete the appropr | riate reason based on your objection (check all that apply). | |
| Reason 1. □ The address is listed in the wrong jurisdiction within the database. Current jurisdictional assignment is | | |
| | Proposed jurisdiction assignment should be | |
| | | |
| Reason 2. The address is not listed in the database | The address is not listed in the database. Proposed jurisdiction assignment should be | |
| | | |
| Reason 3: | ☐ The address information is incorrect (EX. misspelled, wrong ZIP code). Proposed correction to address: | |
| | | |
| | | |
| If none of these reasons apply, use the space below to des | scribe your objection: | |
| Reason 4: | | |
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| Address/Ju | risdiction Databas | object to the jurisdiction to which an address is assigned in the Department of Revenue's se, you must provide supporting evidence that the address is located within the jurisdiction by of a property tax bill indicating the jurisdiction in which an address is located. |
|---|--|---|
| Check all that | at apply: | |
| ☐ Voter regi | stration card | ☐ Master Street Address Guide |
| ☐ Property t | ax bill | ☐ Other |
| | | |
| FDOR Employees O | nly: Provide a cop | by of the following screenshots: |
| Address Lookup us | ing floridarevenu | now "Distribution Stamp" area, County/JBP A/c field [COUNTY] (if applicable) e.com/taxes/pointmatch earch result visit http://floridarevenue.com/property/Pages/LocalOfficials.aspx |
| See the Instructions | below on how to | submit the required documentation. |
| | | |
| Part E: Signature/I | Date | |
| Signature: Date: | | Date: |
| | | |
| Instructions. | | |
| jurisdiction databases, in the Department of Re | and other substar evenue's Address/ | ons services, insurers providing insurance coverage, vendors providing address/ntially affected parties may submit an objection to the jurisdiction assigned to an address Jurisdiction Database. Department of Revenue employees should submit SUNTAX-related arevenue.com/taxes/pointmatch. |
| | | is to the Department's Address/Jurisdiction Database, use Form DR-700022 if you are m DR-350907 if you are a special fire control district. |
| The fastest and easiest way to submit your objections is online at floridarevenue.com/taxes/pointmatch. A single request for multiple address corrections may be submitted online. Segregate your change requests based on the specific combination of affected jurisdictions and submit each combination separately. For example, submit all addresses moving from City A to City B in one submission separately from all addresses moving from City A to City C. | | |
| You must submit evidence showing that the affected addresses are located within the jurisdiction that you indicated. | | |
| NOTE: Requests submitted without evidence to support the address/jurisdiction objection will not be considered. | | |
| | | supporting evidence online at floridarevenue.com/taxes/pointmatch or by email, fax, or le's Local Government Unit at: |
| Email: | local-govt-unit | @floridarevenue.com |
| Fax: | 850-921-4711 | |
| Mail: | Florida Departm Local Governme PO Box 5885 | |
| | Tallahassee, FL | 32314-5885 |
| If you complete this | form online, de | o not mail a copy. |
| | | partment will contact the affected local jurisdictions. For more information, call the Local an email to local-govt-unit@floridarevenue.com. |
| | | FOR DOR USE ONLY |
| Tracking number | | Date |