

Agent Firm Name

Reemployment Tax Data Release Agreement

FFIN

Rule 73B-10.037

Florida Administrative Code Effective Date 11/14

RT Agent No.

			, it rigonities
Contact Name	Telephone No.	Email Address	
Mailing Address, City, State, ZIP Code			
The purpose of this Reemployment Tax Revenue ("Department") and employers subject to Chapter 443, Flor Department may provide to the Agent of it has been signed by both parties. Unl	(", ida Statutes (F.S.), is to de confidential reemployment t	Agent"), which serves a fine the conditions and ax information. This A	as an agent for more than 100 restrictions under which the greement shall be effective when
The Agent certifies that it provides payr of attorney (Form DR-835) for each of i reemployment tax information to the Agpower of attorney. Therefore, the Deparequested confidential reemployment tax right to request a power of attorney price.	ts clients authorizing the Degent; and will provide the Deartment need not verify the ax information; however, the	epartment to release the epartment, immediately existence of a power or eparties understand the	re requested confidential vapon request, with a copy of the fattorney prior to releasing the at the Department reserves the
The Agent agrees to restrict access to the Agent agrees to comply with the compersonnel who have access to confider for protecting the data and the criminal confidentiality provisions of Florida's restrictions.	onfidentiality provisions of so ntial reemployment tax infor penalties that exist (up to 6	ection 443.1715 F.S., a mation regarding the c to days in jail and/or a s	and to instruct all authorized onfidentiality requirements
The Agent assumes responsibility for the which restrict access to system files, re to make on-site inspections at reasonal Agreement are being met.	cords, and databases to au	thorized persons. The	Agent will permit the Department
The Agent also agrees to notify the Dep days if it is no longer representing a clie the Agent to comply with any conditions	ent whom it previously advi	sed the Department tha	at it was representing. Failure by
Either party may terminate this Agreem	ent upon giving written not	ce to the other party. I	Notice given by the Department

shall be effective upon mailing; however, notice given by the Agent shall only be effective 15 days after receipt by the Department. No amendment to this Agreement shall be effective unless it is in writing and signed by an authorized

For the Department:

Once completed and signed by the Agent, submit the original to:

Date

representative of both parties.

For the Agent:

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

1 of Bott ood only.
Received by DOR:
Effective Date:
Expiration Date:

For DOR Use Only:

Date