



Employer Account Change Form

If you need to report a change in legal entity or a change in ownership, you must submit a new Florida Business Tax Application (DR-1).

RTS-3
R. 12/15
TC
Rule 73B-10.037
Florida Administrative Code
Effective Date 11/14



Section 1: Identify your tax account. To ensure changes are made to the correct account, please complete the following information.

Account Name (name of business or individual):		RT Account Number:
Mailing Address:		Business Partner Number:
City/State/ZIP:		Tax Certificate Number:
Email Address:		Federal Identification Number:
Telephone Number:	Extension:	Fax Number:

Section 2: Tax Type. This change applies to reemployment tax "RT" (formerly unemployment tax). However, if you wish to apply this change to your other tax accounts, please check the applicable boxes below.

<input type="checkbox"/> Corporate Income Tax	<input type="checkbox"/> Gross Receipts Tax	<input type="checkbox"/> Communications Services Tax	<input type="checkbox"/> Sales and Use Tax
<input type="checkbox"/> Motor Fuels Tax	<input type="checkbox"/> Documentary Stamp Tax	<input type="checkbox"/> Solid Waste Fees and Surcharge	<input type="checkbox"/> E-911 Tax

Section 3: Change your address. Select the address type and provide the new address information.

Address Type: (choose one or more)	<input type="checkbox"/> Business Location Address	<input type="checkbox"/> RT Benefit/Claims Notice	<input type="checkbox"/> RT Tax Rate Notice
	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Employer's Quarterly Report	
New Address Information: (name of business or individual)			
Mailing Address:			
City/State/ZIP:		Fax Number:	
Email Address:		Telephone Number:	Extension:

Section 4: Change your account status. Request to inactivate, reactivate or cancel your account. Check the box next to the appropriate action and provide the date this action becomes effective.

Action Requested: (choose only one)	<input type="checkbox"/> Inactivate - I have temporarily suspended business operations; I have no employees
	<input type="checkbox"/> Reactivate - My business is now active; I am again paying wages
	<input type="checkbox"/> Cancel - I have no plans for future business activity; cancellations can not be reversed
Effective date of action:	

Section 5: Corporate name change. I have changed my corporate name.

Corporate name changed to:	Effective date:
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Section 6: Leasing Employees. I am leasing all or part of my employees.

<input type="checkbox"/> Leasing all of my employees	Leasing Company's RT Account Number:
<input type="checkbox"/> Leasing part of my employees	Leasing Company's Federal Identification Account Number:
Date I began leasing employees:	Leasing Company's DBPR License Number:

Section 7: Sign and date

I certify that I am legally authorized to make these changes with respect to the account number shown above.	
Signature:	Date:
Title:	Telephone Number:

Sign, date, and mail this Employer Account Change Form to:
Florida Department of Revenue
P.O. Box 6510
Tallahassee FL 32314-6510

or fax to:
850-245-5896

Call 800-352-3671 for assistance.
Information and forms are available on our website at:
www.floridarevenue.com