Florida Department of Revenue
Reemployment Tax*
Agent/Client Change Form

Agent Name:	Contact:
Mailing Address:	Title:
Agent Number (5 digits):	Phone:
FEIN:	Fax:

Use this form to add or delete clients for the purpose of filing or paying reemployment tax.

			ADD	DELETE
Client Name and Mailing Address	**RT Account No.**	**FEIN**	***Effective Begin Date**	****Effective End Date**

*Effective Begin Date is the date you begin representing your client. This date must be the beginning of a reporting period (i.e., 1/1/07, 4/1/07, 7/1/07, 10/1/07).

**Effective End Date is the last day of the reporting period for which you represent the client (i.e., 3/31/07, 6/30/07, 9/30/07, 12/31/07).

Signature of Agent:	Date:

Mail to: Account Management
           Florida Department of Revenue
           PO Box 6510
           Tallahassee, FL 32314-6510

For more information call
800-352-3671.

* Formerly Unemployment Tax   **www.floridarevenue.com**

Client Name and Mailing Address	RT Account No.	FEIN	ADD *Effective Begin Date	DELETE **Effective End Date

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(Attach additional sheets, if necessary.)

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