



RTS-9

R. 01/13

TC

Rule 79B-10.007

Florida Administrative Code

Effective Date 11/14



# Florida Department of Revenue Reemployment Tax\* Application for Agent Registration

DOR Use Only:  Agent Number _____
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Agent Name:	Contact:
Mailing Address:	Title:
RT Account Number (if applicable):	Phone:
FEIN:	Fax:

**Registering as an agent allows you to file and/or pay on behalf of the clients listed. For the Department to disclose confidential tax information, a *Power of Attorney (DR-835)* must be submitted for each client. You will not be allowed to register as an agent unless you represent at least one client.**

Client Name and Mailing Address	RT Account No.	FEIN	*Effective Begin 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).

Signature of Agent: _____	Date: _____
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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.flordarevenue.com](http://www.flordarevenue.com)



<b>Client Name and Mailing Address</b>	<b>RT Account No.</b>	<b>FEIN</b>	<b>*Effective Begin Date</b>

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(Attach additional sheets, if necessary.)