



Application for Compensation for Tax Information

DR-55
R. 01/12

Rule 12-18.004
Florida Administrative Code
Effective 01/12

DOR Control Number

Statement of Eligibility

I certify that:

- I am 18 years of age or older and am applying for compensation in accordance with section 213.30, Florida Statutes, and Chapter 12-18, Florida Administrative Code.
- I, as an individual, as an officer of a corporation, or as a partner in a partnership, did not come into possession of information relating to a tax violation while employed with the Florida Department of Revenue or as an employee of any other state or federal agency. The Department will accept such information; however, no compensation will be paid if monies are collected as a result of information collected from someone employed with the Florida Department of Revenue or as an employee of any other state or federal agency.
- I understand that no information regarding the case may be disclosed to me, except the amounts of any monies collected as a result of my information.
- I understand that the referenced taxpayer has the right to obtain information from the Florida Department of Revenue that identifies me.

Mr. Mrs. Ms. Other _____

Name of Applicant

FEIN or Social Security Number (SSN)

Mailing Address

Phone Number

_____ City	_____ County	_____ State	_____ ZIP
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Under penalties of perjury, I declare that I have read the foregoing Statement of Eligibility and that the facts stated in it are true.

Signature of Applicant

Title

Date

Notice

Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at www.myflorida.com/dor and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Section 213.30, Florida Statutes, authorizes the Executive Director of the Department of Revenue to compensate persons who provide information leading to the registration of a noncompliant taxpayer and/or collection of taxes, penalties, and interest with respect to the following taxes:

- Communications services tax
- Corporate income tax
- Estate tax
- Documentary stamp tax
- Fuel taxes on motor fuel, diesel fuel, aviation fuel, and alternative fuel, including local option taxes
- Government leasehold intangible personal property tax
- Gross receipts tax on dry-cleaning
- Gross receipts tax on natural gas, manufactured gas, or electricity
- Insurance premium taxes, fees, regulatory assessments, excise taxes, and surcharges required to be remitted to the Department
- Intangible personal property tax
- Local option convention development tax, tourist development tax, and tourist impact tax when the imposing local government has not elected to self-administer the tax
- Miami-Dade County lake belt mitigation and water treatment plant upgrade fees
- Motor vehicle warranty fees
- Pollutant taxes
- Rental car surcharge
- Sales and use tax and local option discretionary sales surtaxes
- Severance taxes, fees, and surcharges on gas and sulfur production, oil production, and solid mineral severance; and
- Solid waste fees, including the new tire fee and the new or remanufactured lead-acid battery fee

The receipt of this information places the Department under no obligation to pursue the case based on this information. The Department will determine whether an investigation or audit is a wise use of the public funds under the particular circumstances.

For general tax information, call Taxpayer Services, Monday-Friday, 8:00 a.m. to 7 p.m., ET, at 800-352-3671. Persons with hearing or speech impairments may call our TDD at 800-367-8331 or 850-922-1115.

To mail this completed application use:
Florida Department of Revenue
General Tax Administration
Compensation for Tax Information
PO Box 6417
Tallahassee FL 32314-6417

You may also fax your Application to 850-410-2526.

For questions relating to the Compensation for Tax Information Program, call 800-FL-AWARD (800-352-9273 in Florida only) or 850-717-6978.

Noncompliant Taxpayer Information

Please complete the following information about the noncompliant taxpayer you are reporting.

Business Information

Name of Taxpayer Who Committed Tax Violation _____

Doing Business As (D/B/A) _____

Business Location _____

City _____ County _____ State _____ ZIP _____

Mailing Address (if different) _____

City _____ County _____ State _____ ZIP _____

How Long in Business _____ Date or Period of Violation _____

Type of Tax _____ Type of Business _____

FEIN _____ SSN _____

Sales and Use Tax Certificate Number _____

Banking Information

Business Bank Name _____

Bank Address _____

City _____ County _____ State _____ ZIP _____

Primary Business Account Number _____

Description

Summary of Violation (attach additional pages if necessary) _____
