



Lisa Cullen, C.F.C.  
**Brevard County Tax Collector**  
 P.O. Box 2500 • Titusville, FL 32781  
 PH: (321) 264-6969 • FAX: (321) 264-5149  
 www.brevardtc.com

<b>OFFICIAL USE ONLY</b>	
ACCOUNT #:	<input type="text"/>
DATE ENTERED:	<input type="text"/>

**Registration for Tourist Development Tax - Property Management Companies**

Information contained on this report is confidential

**BUSINESS/OWNER INFORMATION** The information in this section pertains to the business responsible for collecting and remitting Tourist Development Taxes and will be the primary address for all correspondence regarding your account.

Business/Owner Name:		
Mailing Address:		
City:	State:	Zip:
Telephone:		Fax:
Contact Name(s):	Title (if applicable):	
State Sales Tax Number:	Federal Tax ID Number:	
Number of Units Managed:	Start Date of Rental:	

**Business Owners/Officers/Partners/Members/Trustees**

Name & Title	Mailing Address	Phone & E-Mail

**Reporting Frequency**

**Monthly**  
 If no tax is collected, Florida law requires a \$0 return for that reporting period. Delinquent \$0 returns will incur the minimum \$50 penalty fee. Taxes are due by the 20<sup>th</sup> of the month following collection. For example, the January return is due by February 20, the February return is due by March 20, etc. Payment must be received or postmarked on or before the 20<sup>th</sup> of that month to avoid penalty and interest. Blank returns are available on our website.

**Online Payment Access**

Once your account has been set up and a number assigned, you will receive information containing your account number along with a blank return. Upon receipt of this information, please go to <https://brevard.county-taxes.com/tourist> to register your account to file and pay your Tourist Tax returns online. Per Florida Statutes 212.12, a collection allowance of 2.5% of the first \$1200 of tax collected is **ONLY allowed** when taxes are filed and paid electronically. There is no charge for payments made by e-check. Payments made with a credit card will incur a convenience fee of 2.5% (\$2.50 minimum).

**Properties Managed**

The "Managed Property Information" form **must be** completed for each property managed by your company and must be submitted with your registration (attach additional pages if needed). Please make copies of the form for future submittal when adding or removing properties. The Brevard County Tax Collector has the responsibility to ensure compliance with the ordinances and to protect the interests of the citizens of Brevard County through audit procedures. You will receive written notification at least 60 days prior to an audit. All business records must be maintained for at least 3 years and made available to our auditors upon request.

Please note that any person who is required to collect, truthfully account for, and pay any tax and willfully fails to do so shall be liable for penalties under the provisions of Section 213.29, Florida Statutes (F.S.). By providing an email address above, you consent to electronic communication.

**I declare that I have read the foregoing document and that the facts stated in it are true.**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 To Digitally Sign, Please Type Full Name



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Management Company Name:

Account Number:

### Managed Property Information

<b>Rental Property Information</b>				Information in this section pertains to the actual rental property		<input type="checkbox"/> Adding <input type="checkbox"/> Removing	
Property Owner(s) Name:							
Rental Property Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's Mailing Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's email:				Phone #:			
<b>Type of Rental</b> <input type="checkbox"/> Condominium <input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex/Tri/Quad <input type="checkbox"/> Campground/RV Park			<input type="checkbox"/> Mobile Home <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Other: _____			Effective Date:	
						Number of Unit(s):	
						RE Tax Acct #:	

<b>Rental Property Information</b>				Information in this section pertains to the actual rental property		<input type="checkbox"/> Adding <input type="checkbox"/> Removing	
Property Owner(s) Name:							
Rental Property Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's Mailing Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's email:				Phone #:			
<b>Type of Rental</b> <input type="checkbox"/> Condominium <input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex/Tri/Quad <input type="checkbox"/> Campground/RV Park			<input type="checkbox"/> Mobile Home <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Other: _____			Effective Date:	
						Number of Unit(s):	
						RE Tax Acct #:	

<b>Rental Property Information</b>				Information in this section pertains to the actual rental property		<input type="checkbox"/> Adding <input type="checkbox"/> Removing	
Property Owner(s) Name:							
Rental Property Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's Mailing Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's email:				Phone #:			
<b>Type of Rental</b> <input type="checkbox"/> Condominium <input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex/Tri/Quad <input type="checkbox"/> Campground/RV Park			<input type="checkbox"/> Mobile Home <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Other: _____			Effective Date:	
						Number of Unit(s):	
						RE Tax Acct #:	

**For multiple properties, please make copies of this form as needed.**