



Lisa Cullen, C.F.C.

Brevard County Tax Collector

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www.brevardtc.com

OFFICIAL USE ONLY

ACCOUNT #:

DATE ENTERED:

Registration for Tourist Development Tax

Information Contained on this Report is Confidential

BUSINESS/OWNER INFORMATION

The information in this section pertains to the person or business responsible for collecting and remitting Tourist Development Tax and will be the primary address for all correspondence regarding your account.

Business/Owner Name:

Mailing Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Contact Name(s):

Title (if applicable):

State Sales Tax ID Number:

Business Owners/Officers/Partners/Members/Trustees

<u>Name & Title</u>	<u>Mailing Address</u>	<u>Phone & E-Mail</u>

RENTAL PROPERTY INFORMATION

The information in this section pertains to the actual rental property. For multiple properties, please attach additional sheets.

Real Estate Owner(s) Name:

Real Estate Tax Account Number:

Number of Units:

Physical Address of Property:

Suite/Unit #:

City:

State:

Zip Code:

Start Date of Rental:

Type of Rental (Check One)

- Apartment
 Duplex/Triplex/Quadplex
 Condo/Townhome
 Cottage
 Bed & Breakfast
 Hotel
 Interval Owner (Timeshares)
 Mobile Home Park
 Motel
 Room(s), Garage Apartment(s)
 Roominghouse
 RV Park/Campground
 Single Family
 Other (Please Specify): _____

Reporting Frequency (Check One)

- Monthly return/payment period. Taxes are due by the 20th day of month following collection to avoid penalty/interest. For example the Jan return is due by Feb 20, the Feb return is due by Mar 20, etc.
 Quarterly (Mar/June/Sept/Dec returns). The Mar return (rentals Jan 1 – Mar 31) is due by April 20. The June return (rentals Apr 1 – June 30) is due by July 20. The Sept return (rentals July 1 – Sept 30) is due by Oct 20. The Dec return (rentals Oct 1 – Dec 30) is due by Jan 20.

**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.**

Is Tourist Tax Remitted By Property Manager? **Yes** **No** (If yes, complete information below):

Name(s):

Telephone:

Address:

City:

State/Zip Code:

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