



# Application for Sales and Use Tax County Control Reporting Number

If you operate two or more business locations within a single county, use this application to request a designated **county control reporting number** to report sales and use taxes for all business locations within a single county using a single tax return. Sales and use taxes for all places of business must be reported by the same entity having the same federal identification number. Submit a separate application for each county.

You may also apply for a **consolidated sales and use tax filing number** to file a single return and make a single payment for multiple business locations within multiple counties. Visit [floridarevenue.com/forms](http://floridarevenue.com/forms), select the Account Management and Registration section, and then select an *Application for Consolidated Sales and Use Tax Filing Number* (Form DR-1CON), incorporated by reference in Rule 12A-1.097, Florida Administrative Code (F.A.C.)

<b>Section 1 - Taxpayer Information</b> (Please provide all information requested below.)			
Owner Name (individual, principal partner, or corporate name):			
Business Name (business, trade, or fictitious (d/b/a) name):			
Business Partner Number:	Federal Employer Identification Number (FEIN):	Social Security Number (SSN)*:	
Mailing Address (address where you want to receive correspondence):			
City:	County:	State:	ZIP:
Contact Person:		Telephone Number:	
Email Address:		Fax Number:	

## Section 2 - Sales and Use Tax Certificate Numbers to be Reported Using a County Control Reporting Number - (All accounts must have the same FEIN and be located within the same county. The first certificate number listed will be designated the county control reporting number for this county.)

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<b>Section 3 - Effective Date</b> (This date must be the first day of a calendar month.)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
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Under penalties of perjury, I declare that I have read the information provided in this application and the facts stated in it are true.

\_\_\_\_\_  
Signature of Business Owner, Principal Partner, or Corporate Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type the Name Signed Above

\_\_\_\_\_  
Title

Email the completed application to:  
[accountcreation@floridarevenue.com](mailto:accountcreation@floridarevenue.com)

Mail this completed application to:  
Account Management MS 1-5730  
Florida Department of Revenue  
5050 W Tennessee Street  
Tallahassee, FL 32399-0160

\* 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 the Department's website at [floridarevenue.com/privacy](http://floridarevenue.com/privacy) for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.