

DR-156 CON N. XX/XX Rule 12B-5.150, F.A.C. Effective XX/XX Page 1 of 2

If you own multiple business locations within a single county or in multiple counties, and would like to make a single tax payment for all locations, complete this application to obtain a consolidated Fuel tax number. All business locations must be owned by the same entity with the same Federal Employer Identification Number (FEIN). A separate application is required for each entity with a separate FEIN. **If you choose this reporting method, you must electronically file your tax returns and electronically pay the tax due.** To enroll, visit the Department's website at **floridarevenue.com/taxes/eEnroll.**

Section 1 - Taxpayer Information (Please provide all information requested below.)

Business Name (business, trade, or fictitious (d/b/a) name):

Business Partner Number:

Federal Employer Identification Number (FEIN):

Mailing Address (address where y	ou want to receive correspondence):		
City:	County:	State:	ZIP:
Contact Person:		Telephone Number:	
		()	
Email Address:*		Fax Number:	
		()	

*Your privacy is important to the Florida Department of Revenue. Email addresses provided to the Department for tax administration purposes are confidential and exempt from disclosure under section 213.053(2), Florida Statutes.

Florida law requires you to authorize the Florida Department of Revenue to respond to you using unencrypted email that does not require additional steps before you can access information in the email. To expedite the processing of your application, you may wish to receive unencrypted email regarding this application. If so, indicate your approval to receive unencrypted email by selecting 'Yes' below, otherwise, select 'No.'

Yes. I authorize the Florida Department of Revenue to send information regarding this application using unencrypted email.

] No. I wish to receive encrypted emails from the Florida Department of Revenue. (The software used to encrypt email requires a one-time passcode or a user account.)

Section 2 - Retailer of Natural Gas Fuel T (All accounts must have the same FEIN.) Additional tax certificate n	ax License Numbers to be Consolidated umber boxes are provided on the next page if needed.

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Section 2 (continued): Retailer of Natural Gas Fuel Tax License Numbers to be Consolidated (All accounts must have the same FEIN.)

Section 3 - Effective Date of Consolidation (This date must be the first day of a calendar month.)

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

Mail this completed application to:

Account Management MS 1-5730 Florida Department of Revenue 5050 W Tennessee Street Tallahassee, FL 32399-0160