

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.

Mrs. Mr. 🗌 Ms. Other____

County

Name of Applicant

Mailing Address

Phone Number

FEIN or Social Security Number (SSN)

City

are true.

State Under penalties of perjury, I declare that I have read the foregoing Statement of Eligibility and that the facts stated in it

Signature of Applicant

Title

Date

ZIP

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 floridarevenue.com 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, the 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
- Registration as a secondhand dealer, secondary metals recycler, or a mail-in secondhand precious metals dealer
- 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 at 850-488-6800, Monday through Friday, excluding holidays.

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 fax your Application to 850-487-0969 or email it to TaxViolations@floridarevenue.com

For questions relating to the Compensation for Tax Information Program, call 800-FL-AWARD (800-352-9273 in Florida only) or 850-717-6994.

Noncompliant Taxpayer Information

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

	Business Information	า	
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	ong in BusinessDate 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)			