



Application for Consolidated Sales and Use Tax Filing Number

DR-1CON R. 03/05

This application is for use by sales and use tax certificate holders who have multiple business locations each of which is currently registered with the Department of Revenue, and who wish to make a single monthly tax payment for all locations. All business locations to be consolidated must be owned by the same entity. They need not be located in the same county.

Consolidated filers are required to file their tax returns and remit their tax payments electronically. Filing your tax return and remitting your tax payment electronically is advantageous to both you and the Department. Transmitting electronically:

- Eliminates errors in your return — audit checks are in the software.
Eliminates paperwork — you no longer have to complete and submit a paper return.
Ensures timely and proper credit for filing — you receive an acknowledgment that your tax return was accepted.
Allows you to “warehouse” your payment. Warehousing is a method by which taxpayers may send their electronic payment and return early but the payment will not be processed until the date specified by the taxpayer (usually the due date of the payment). The payment is held in the banking system until the specified date, at which time the taxpayer’s bank account is debited.
May also allow you to import data from spreadsheet applications — eliminates data entry time and errors.

For more information regarding EFT, EDI or Web Filing, call the Department at 850-488-6800 or 800-352-3671.

If you have questions regarding this application, call Central Registration at 850-488-9750. For information regarding consolidated filing of returns, call the Consolidated Return Reconciliation Unit at 850-488-9020.

Please provide all information requested below.

1. Owner Name: Enter the individual, principal partner, or the corporate name

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

3. Contact Person: Phone( ) Ext

4. Mailing Address: Enter address where you want to receive correspondence

City: State: County: ZIP:

5. Federal Employer Identification Number (FEIN):

If an FEIN is not required, or not yet received, enter Social Security Number (SSN):

6. If a corporation, partnership or limited liability company, enter fiscal year ending month and year:

7. Type of Organization: Corporation Partnership Sole Proprietorship Trust Professional Association Limited Liability Company Other (explain)

8. Describe your major business activities (the primary reason why you are registered for sales and use tax).

