

**Electronic Data Interchange Transfer Authorization and Agreement Form**

**THIS IS** an Agreement between the \_\_\_\_\_ County Property Appraiser, hereinafter "the Property Appraiser," and \_\_\_\_\_, hereinafter "the Taxpayer," entered into pursuant to the provisions of the Florida Statutes and Administrative Codes.

Taxpayer Name \_\_\_\_\_

Please type or print clearly.  
This will be used as your mailing label.

1. Business name \_\_\_\_\_
2. Business mailing address \_\_\_\_\_
3. Taxpayer's Federal Employer Identification Number or Social Security Number, whichever is most appropriate \_\_\_\_\_
4. Contact person (title and telephone number) \_\_\_\_\_
5. Name and signature of person authorized to sign returns \_\_\_\_\_
6. Name of any agent or fiduciary who returns property information on behalf of the taxpayer and the capacity under which the agent or fiduciary is acting \_\_\_\_\_

The Property Appraiser and the Taxpayer agree as follows:

1. The Property Appraiser authorizes the Taxpayer to file tangible personal property tax reports or returns required to be filed with the Property Appraiser under the Florida Statutes by means of electronic transmission for the duration of this Agreement. This Agreement does not alter the due dates for filing returns or the penalties imposed for the failure to timely file complete returns as set forth in the applicable statutes and rules. This agreement is not valid unless returned to the Property Appraiser and received by \_\_\_\_\_ (date).
2. The signature of the Taxpayer or its authorized agent(s) affixed to this Agreement shall be deemed to appear on such electronically filed reports or returns, as if actually so appearing.
3. Neither party shall contest the validity or enforceability of the tax returns communicated in electronic form pursuant to this Agreement on grounds related to the absence of paper based writings, signing or originals. Each tax return communicated in electronic form pursuant to this Agreement shall be considered to be "in writing" and "written" to an extent no less than as if in paper, to be "signed" and to be an original.
4. The term of this Agreement is five (5) years from the last date appearing below, unless revoked by either party. However, if the authorized agent(s) signing such Agreement on behalf of the Taxpayer leaves the employment of the Taxpayer or becomes no longer authorized to sign such returns or reports for it, the Taxpayer shall be required to notify the Property Appraiser of this change by providing a new written agreement with the Property Appraiser prior to the filing of the next return. Any failure to comply with this term shall result in the Taxpayer being deemed to have filed an incomplete return.
5. The Taxpayer's electronic transmission of such reports and returns must be made in a manner compatible with the Property Appraiser's software, equipment and facilities. Any failure to comply with this term shall result in the Taxpayer being deemed to have failed to file a return.
6. This Agreement can be amended at any time by the execution of a written addendum.
7. This Agreement represents the entire understanding of the parties in relation to the electronic filing of returns and reports.

Taxpayer's Signature  
By: \_\_\_\_\_

Title of Authorized Agent(s):  
\_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

By: \_\_\_\_\_  
Name of Person Making Statement

(Seal)

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

\_\_\_\_\_  
Notary Signature

Personally Known \_\_\_\_\_  
or Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Property Appraiser Use Only  
By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Confidential taxpayer security code: \_\_\_\_\_

**Original Signature Required—Please Mail To:**  
COUNTY PROPERTY APPRAISER  
EDI UNIT  
[ADDRESS]