



# 2010 Alternative Form Vendors and Payroll Processors Compliance Agreement

GT-320227  
R. 08/09

This form is for computerized tax processors, payroll processors, tax software developers, commercial printers and others who develop Florida Department of Revenue tax forms in scannable and non-scannable formats. All other vendors must register with the Department annually.

I am a representative of \_\_\_\_\_ and am authorized to agree to and

(Name of company)

answer the following on behalf of the above-named company.

**Our company will (check all applicable boxes):**

- Develop scannable tax forms. We plan to develop the following scannable forms:
  - F-1120X
  - F-1120, F-7004, F-1120ES
  - UCT-6
  - F-1120A
- Develop non-scannable (e.g., DR-1, DR-835, F-1065) tax forms.
- Develop tax software programs to be used with scannable and/or non-scannable tax forms developed by other companies.
- Develop scannable and/or non-scannable tax forms which will be licensed, sold, or distributed to other companies for use in their software programs.

Upon approval, our company agrees to comply with all the Florida Department of Revenue requirements for 2010 alternative forms: *Guidelines for Scannable and Non-scannable Forms* (GT-320226).

**Specifically, our company agrees to:**

1. Submit scannable and/or non-scannable tax forms to the Florida Department of Revenue for review and approval, which shall be in writing.
2. Refrain from selling, releasing, licensing, or distributing any scannable and/or non-scannable tax forms or any products that produce Department forms to customers or clients prior to receiving written approval from the Florida Department of Revenue.
3. Upon notification by the Florida Department of Revenue, promptly correct errors in our company's scannable and/or non-scannable tax forms. Our company will also provide the company's software producing the Department's forms and proof that our company corrected the errors and notified customers and clients of the corrections.
4. Notify customers and clients of the minimum computer hardware requirements, including printers, printer fonts, font cartridges, etc., necessary to produce our company's scannable and/or non-scannable tax forms that were approved by the Florida Department of Revenue.
5. Use our company's identification (ID) code as shown on this form on all scannable and/or non-scannable tax forms and tax software programs submitted. The company ID code may be the company's initials or some other alpha or alphanumeric code chosen by your company and approved by the Department.
6. The undersigned company herein agrees to comply with the guidelines in the Department's *Guidelines for Scannable and Non-scannable Forms* (GT-320226).

Our company also specifically authorizes the Florida Department of Revenue to include the name of our company in various public material designed to inform tax practitioners and the public about vendors who have agreed, complied, or failed to comply with the Florida Department of Revenue's policies, procedures, guidelines and specifications.

- Do not include my company name on the list of approved vendors.
- Please send Alternative Forms Data placement Mylar Overlay R. 11/04.

Authorized representative's name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Company Information (please print clearly):**

Name of primary contact person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of back-up contact person(s): \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

General telephone number for publication: \_\_\_\_\_

Please choose a company identification (ID) code (4 digits): \_\_\_\_\_ (The company ID code may be the company's initials or some other alpha or alphanumeric code chosen by the company, e.g., CSP7.) The company ID may remain the same as for the previous year.

What is your four (4) digit National Association of Computerized Tax Processors (NACTP) Vendor ID Number

(if applicable): \_\_\_\_\_

**Mailing Address:**

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Street Address:**

Street (Cannot be a P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Name(s) of tax software product(s) our company produces and/or distributes that will include Florida Department of Revenue tax forms:**

_____	_____
_____	_____
_____	_____

**Subsidiaries of our company (if applicable):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_

**Mail completed form to:** FLORIDA DEPARTMENT OF REVENUE  
RETURN & REVENUE PROCESSING  
5050 W TENNESSEE ST BLDG L  
ATTN: STEPHANIE KENT  
TALLAHASSEE FL 32399-0100

**PHONE:**.....850-922-2281  
**OR FAX TO:** .....850-921-9114