



Mail to: Florida Department of Revenue
Property Tax Oversight
Attn: Certification & Training Team
Post Office Box 3294
Tallahassee, FL 32315-3294

APPLICATION FOR REFUND

If more than one tax or account number is involved, a separate application must be filed for each tax type and/or account number. Please type or print clearly.

1. Amount of Refund Requested: \$ _____

2. Name of Payee: _____

3. Mailing Address: _____

City State Zip

4. Telephone Number(s) () _____
Area Code Business Phone

5. Federal Employer Identification Number ___-___-____

6. Explanation of Refund Request (Attach appropriate documentation; use additional sheets, if necessary.)

All requests must include a copy of the canceled check (front and back) and a current W-9 registration)

Signature: _____ Date: _____ Print Name: _____

For Department of Revenue Use Only

Refund Amount\$ _____ Signature _____ Date _____

STATE OF FLORIDA
SUBSTITUTE FORM W-9



Mail or fax to:
Chief Financial Officer
Department of Financial Services
 Bureau of Accounting, 200 East Gaines Street
 Tallahassee, FL 32399-0354
PHONE: (850) 413-5519 FAX: (850) 413-5550

PART 1: Vendor Information

IRS Name (as shown on your income tax return)

Business Name: Doing Business As (DBA)

Primary Address (Address where Form 1099 should be mailed)

Attention of	In Care of	
Street Address	P.O. Box	
City	State/Province	Zip Code (+4 if known)
Country & Postal Code, if other than U.S.		

PART 2: Taxpayer Identification Number (TIN)

Enter your TIN here: *(DO NOT USE DASHES)*

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Taxpayer Identification Type (check appropriate box):

Federal Employer Identification Number (FEIN) **OR** Social Security Number (SSN)

PART 3: Business Designations (Select only one)

If Business Designation with Asterisks (*) is selected, please answer question below:

<input type="checkbox"/> S Corporation*	<input type="checkbox"/> Partnership*	<input type="checkbox"/> C Corporation	Limited Liability Company (LLC):
<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Foreign Corporation or Entity	<input type="checkbox"/> Trust or Estate	<input type="checkbox"/> Disregarded Entity <input type="checkbox"/> C Corporation
<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Non-corporate Rental Agent	<input type="checkbox"/> S Corporation* <input type="checkbox"/> Partnership*
<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Indian Tribal Government	

* Is 80% or more of the pass-through entity owned by a government entity that is required to withhold under Section 3402(t)(1), a tax exempt entity or a foreign government? Yes or No

PART 4: Certification Statement

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer information (or I am waiting for a number to be issued to me) **AND**
- I am subject to backup withholding
OR I am not subject to backup withholding because:
 - I am exempt from backup withholding
 - I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, **OR**
 - the IRS has notified me that I am no longer subject to backup withholding **AND**
- I am a U.S. citizen or other U.S. person (including U.S. resident alien)

Certification Instructions: To certify the statement above, sign and complete your information below as preparer.

Preparer's Name (Please Print)	Preparer's Title (required for business entities – Please Print)
Signature	Date
Email (if available)	Telephone Number () -