

OSCEOLA COUNTY TOURIST DEVELOPMENT TAX APPLICATION

04/09

State of Florida Sales Tax Number: _____ - _____ - _____ / _____

Business Name: _____

Contact Person: _____ Phone #: _____

E-Mail Address: _____ Fax #: _____

Management Company Name: _____

Mailing Address: _____

for Tax Returns _____

Is a Property Management (PM) Company declaring and paying taxes for this property under an umbrella account?

☐ **Yes** - Company Name: _____ Tourist Tax Acct #: _____

- No tax returns will be mailed for this account
- Property must be listed on Property Managements monthly Schedule "A"

☐ **Yes** - Declaring under Management Company Umbrella account **and** Owner doing Own Bookings

- Returns will be mailed to owners address
- Property must be listed on Property Managements monthly Schedule "A"

☐ **No** - Not declaring under umbrella account - Management company filing individual returns

- Tax returns will be mailed for this account to the Management Company.
- Property must be listed on the Property Managements informational Schedule "A"

☐ **No** - Owner reporting own taxes and Property Management company local contact **ONLY** - Individual Account.

- Tax returns will be mailed to owners address

A Power of Attorney is required for each property managed by anyone other than the owner in accordance with F.A.C. 12-6.006 and 28-106.107

Rental Property Address: _____

Owner's Legal Name: _____

Owner's Residential Address: _____

Owner's Residential Phone#: _____ Email Address: _____

Owner FEI #/ SS # / FTIN # : _____

(The Osceola County Tax Collector is required to collect Social Security numbers for the purposes of identification and to fulfill reporting requirements in all phases of Statutory, Administrative and Local Government Ordinance requirements)

Type of Business:

- | | |
|---|---|
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> RV/Mobile Home Park/Campground |
| <input type="checkbox"/> Condo | <input type="checkbox"/> Real Estate/Property Manager |
| <input type="checkbox"/> Interval Ownership | <input type="checkbox"/> Other (Single Family Home) |

Total # of Units: _____

Rental Start Date ____/____/____

Bank Info: Name of Bank: _____ Account #: _____

Method Of Accounting: ☐ Cash ☐ Accrual

Reporting Frequency:

- ☐ Monthly - New applicants must report Monthly for the first year
The due date is the 20th day of the month following collections
- ☐ Quarterly - Rentals in which the tax remitted by the dealer for the preceding four calendar quarters did not exceed \$1,000
The due dates are January 20th, April 20th, July 20th and October 20th

A **\$5.00** application fee must be remitted with this application. Please mail in the envelope provided. Make checks payable to: **Bruce Vickers, Tax Collector**, P.O. Box 422105, Kissimmee, FL 34742-2105

Signature of Owner / Agent: _____ Date: _____

*Osceola County is **NOT CONTRACTED** with Airbnb, VRBO, Evolve, or any other third-party booking platforms. It is the responsibility of the property owners or agents to collect and remit the 6% Tourist Tax for all short-term rentals.

FOR OFFICE USE ONLY

Tax Acct #:

Occ. Lic. #: