

**ORANGE COUNTY, FLORIDA
TOURIST DEVELOPMENT TAX
REGISTRATION FORM INSTRUCTIONS**

GENERAL INFORMATION

Please download the registration form, complete all required information, print and sign form, and mail to:

Accounts Receivable, Orange County Comptroller, P O Box 4958, Orlando FL 32802-4958

Or:

Email completed form to: tdinquiry@occompt.com

Or:

Fax completed form to: [\(407\) 836-5626](tel:(407)836-5626)

USER INFORMATION

- a. The information in this section pertains to the person or company responsible for collecting and remitting the tourist development tax for the rental property.
- b. The primary contact is the individual who should be contacted with questions regarding your account.
- c. This mailing address will be the primary address for all correspondence.
- d. All items that are **BOLD** are required.

Please note: If you have an existing userid and would like to add an additional rental property, please provide the userid and the rental property information and owner information only.

RENTAL PROPERTY INFORMATION

- a. The information in this section pertains to the actual rental property.
- b. The first rental date should be the date of your first short term rental. This will be the first reporting period you are required to file a tax return.
- c. The property address is the street address for the rental property. A post office box is not acceptable.
- d. All items that are **BOLD** are required.

OWNER INFORMATION

- a. The information in this section pertains to the individual/company that owns the rental property.
If you are a property management company that will be submitting one combined return for all of their managed properties, the owner information should be for the property management company.
- b. Enter your Federal Employer Identification (FEI) number. If you do not have a FEI number, please enter your social security number.
- c. Enter the number you have been issued by the Department of Revenue. If you have not received it yet, enter "applied for."
- d. All items that are **BOLD** are required.

FILING INFORMATION

- a. This form is used for all registration requests and changes so please select the appropriate reason for submitting the form.
- b. Only one reason should be selected. If "other" is selected, please provide description.

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TOURIST DEVELOPMENT TAX
REGISTRATION FORM

Please download the registration form, complete all required information (all items that are **BOLD** are required), print and sign form and mail to: **Accounts Receivable, Orange County Comptroller, PO Box 4958, Orlando FL 32802-4958**. Or you may email the completed (signed) form to: **tdt inquiry@occompt.com**; or fax to **(407) 836-5626**

USER INFORMATION	
<i>(The information in this section pertains to the person or company responsible for collecting and remitting tourist development taxes.)</i>	
INDIVIDUAL/COMPANY NAME	
PRIMARY CONTACT	
PHONE	
ALTERNATE PHONE	
FAX	
EMAIL	
MAILING ADDRESS LINE 1	
MAILING ADDRESS LINE 2	
CITY	
STATE	
ZIP	
COUNTRY	
<i>(This will be the primary address for all correspondence regarding your tourist development tax account.)</i>	

RENTAL PROPERTY INFORMATION	
<i>(The information in this section pertains to the actual rental property.)</i>	
BUSINESS/RENTAL PROPERTY NAME	
FIRST RENTAL DATE	
<i>(Enter the beginning rental date. This will be the first reporting period you are required to file a tax return.)</i>	
PARCEL ID	
NUMBER OF UNITS	
PROPERTY ADDRESS LINE 1	
PROPERTY ADDRESS LINE 2	
CITY	
ZIP	
<i>(Enter the street address for the rental property. A post office box is not an acceptable address.)</i>	
PHONE	
TYPE OF RENTAL (SELECT ONE)	<input checked="" type="checkbox"/> <i>(Used to identify the type of short term rental property you are registering.)</i>
APARTMENT	<input type="checkbox"/>
CONDOTEL	<input type="checkbox"/>
HOTEL/MOTEL	<input type="checkbox"/>
SINGLE FAMILY RESIDENCE	<input type="checkbox"/>
TIME SHARE	<input type="checkbox"/>
OTHER (DESCRIBE BELOW)	<input type="checkbox"/>

OWNER INFORMATION	
<i>(The information in this section pertains to the individual/company that owns the rental property. If you are a property management company that will be submitting one return for multiple managed properties, the owner information should be for the property management company.)</i>	
INDIVIDUAL/COMPANY NAME	
MAILING ADDRESS LINE 1	
MAILING ADDRESS LINE 2	
CITY	
STATE	
ZIP	
COUNTRY	
PHONE	
ALTERNATE PHONE	
FAX	
EMAIL	
FEI NO. OR SS NO.	
<i>(Enter your Federal Employer Identification (FEI) number. If you do not have a FEI number, enter your Social Security (SS) number.)</i>	
STATE SALES TAX NO.	
<i>(Enter the number you have been issued by the Department of Revenue or if you have not received it yet, enter "applied for.")</i>	
TYPE OF BUSINESS (SELECT ONE)	<input checked="" type="checkbox"/> <i>(Check the box pertaining to either the owner of the rental property or property mgmt co.)</i>
INDIVIDUAL	
CORPORATION	
PARTNERSHIP	
TRUST	
GOVERNMENT	
PROF ASSOCIATION	

FILING INFORMATION (SELECT ONE)	<input checked="" type="checkbox"/>	<i>(Check the box that describes the reason for completing the registration form.)</i>
NEW APPLICATION		
USER INFORMATION CHANGE		
OWNER INFORMATION CHANGE		
ADD ADDITIONAL RENTAL PROPERTY		<i>(Check only if you are adding to an existing User Name/Account.)</i>
DELETE RENTAL PROPERTY		<i>(Check only if you are deleting from an existing User Name/Account.)</i>
OTHER (DESCRIBE BELOW)		

APPLICANT'S NAME (PRINTED)	
APPLICANT'S SIGNATURE	
DATE	