

**ORANGE COUNTY, FLORIDA
PUBLIC SERVICE 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 to: pstinquiry@occompt.com

USER INFORMATION

- a. The information in this section pertains to the person or company responsible for collecting and remitting the public service tax.
- 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 account, please provide the userid and the business information and owner information only.

BUSINESS INFORMATION

- a. The information in this section pertains to the actual business location in Orange County.
- b. The first sales date should be the date of your first sales at this location. 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 business. 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 business.
- b. Enter your Federal Employer Identification (FEI) 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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or sign form, scan and send via email to: pstinquiry@occompt.com

USER INFORMATION	
<i>(The information in this section pertains to the person or company responsible for collecting and remitting the public service tax.)</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 public service tax account.)</i>	

BUSINESS INFORMATION	
<i>(The information in this section pertains to the actual business location in Orange County.)</i>	
BUSINESS NAME	
FIRST SALES DATE	
<i>(Enter the date of your first sales at this location. This will be the first reporting period you are required to file a tax return.)</i>	
PROPERTY ADDRESS LINE 1	
PROPERTY ADDRESS LINE 2	
CITY	
ZIP	
<i>(Enter the street address for the business. A post office box is not an acceptable address.)</i>	
PHONE	
TYPE OF SERVICE (SELECT ONE)	<input checked="" type="checkbox"/> <i>(Used to identify the type of service being provided.)</i>
ELECTRICITY	<input type="checkbox"/>
FUEL OIL	<input type="checkbox"/>
GAS/NATURAL OR METERED	<input type="checkbox"/>
GAS/PROPANE OR BOTTLED	<input type="checkbox"/>
WATER	<input type="checkbox"/>
OTHER (DESCRIBE BELOW)	<input type="checkbox"/>

OWNER INFORMATION

(The information in this section pertains to the individual/company that owns the business providing the service.)

INDIVIDUAL/COMPANY NAME	
MAILING ADDRESS LINE 1	
MAILING ADDRESS LINE 2	
CITY	
STATE	
ZIP	
COUNTRY	
PHONE	
ALTERNATE PHONE	
FAX	
EMAIL	
FEI NO.	

(Enter your Federal Employer Identification (FEI) number.)

STATE SALES TAX NO.	
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(Enter the number you have been issued by the Department of Revenue or if you have not received it yet, enter "applied for.")

TYPE OF BUSINESS (SELECT ONE)	<input checked="" type="checkbox"/>	<i>(Check the box pertaining to either the owner of the business.)</i>
INDIVIDUAL	<input type="checkbox"/>	
CORPORATION	<input type="checkbox"/>	
PARTNERSHIP	<input type="checkbox"/>	
TRUST	<input type="checkbox"/>	
GOVERNMENT	<input type="checkbox"/>	
PROF ASSOCIATION	<input type="checkbox"/>	

FILING INFORMATION (SELECT ONE) *(Check the box that describes the reason for completing the registration form.)*

NEW APPLICATION	<input type="checkbox"/>	
USER INFORMATION CHANGE	<input type="checkbox"/>	
OWNER INFORMATION CHANGE	<input type="checkbox"/>	
ADD ADDITIONAL ACCOUNT	<input type="checkbox"/>	<i>(Check only if you are adding to an existing User Name/Account.)</i>
DELETE ACCOUNT	<input type="checkbox"/>	<i>(Check only if you are deleting from an existing User Name/Account.)</i>
OTHER (DESCRIBE BELOW)	<input type="checkbox"/>	

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