

Application for Annual Filing for Employers of Domestic Employees

RT-7A
R. 01/13
Rule 73B-10.037
Florida Administrative Code

| | Name or legal entity name |
|--|---|
| | Mailing address |
| eemployment Tax Account Number | City, State ZIP |
| | Telephone number (include area code) |
| am an employer liable for reem | ployment tax* reporting and certify to the following: |
| I only employ employee(s) who p | perform domestic services as defined in section 443.1216(6), Florida Statutes (F.S.). |
| | tte (to be eligible for an earned tax rate means the employer has reported for the required d has been assigned a tax rate other than the initial rate). |
| hereby make application to cha | ange from quarterly reporting to annual reporting, effective January 1, |
| understand that: | |
| agree to immediately notify the I (Example: A sole proprietor has | Department of Revenue and understand my filing period will revert to quarterly filing. a business employee and an employee in the owner's home who performs domestic tor employs individuals who perform services other than domestic services, all quarterly). |
| Assistance Program or its design | formation requested by the Department of Economic Opportunity, Reemployment nee shall result in the loss of privilege to file annually, effective the calendar quarter dar quarter in which such failure occurred. |
| If I am assigned a penalty rate du | ue to indebtedness billed for more than one year, my filing period will revert to quarterly filing. |
| If I do not have an annual payrol period will revert to quarterly filir | I as defined in s.443.131(3)(b)1, F.S., and become ineligible for an earned rate, my filing ng. |
| | n annual basis, the wages for each employee must be itemized by quarter on the annual ort is due January 1 and is delinquent if not postmarked by January 31. |
| (Note: for the transition year, an | arked no later than December 1 to be eligible for annual filing for the next calendar year. <i>Employer's Quarterly Report</i> (RT-6, formerly UCT-6) will be due on January 1 for the fourth ar year. The first annual report will then be due the following year on January 1. |
| | |
| I will remain in annual reporting s | status until I request a change to quarterly filing or I no longer qualify for annual reporting. |

Submit the completed application to: Account Management Florida Department of Revenue PO Box 6510 For assistance call: 800-352-3671

This form must be signed by the sole proprietor or owner, if a sole proprietorship; by a partner, if a partnership; or by an authorized agent who

Signature

has a Power of Attorney (DR-835) on file with the Department of Revenue.

Internet address: www.myflorida.com/dor

Area Code

Date

Telephone number

Tallahassee FL 32314-6510