

HERNANDO COUNTY
TOURIST DEVELOPMENT TAX APPLICATION

Instructions for completing this application are on the reverse side. **Please Note:** \$5.00 registration fee due when application is submitted.

Applicant Information:

Owner Name: _____ Telephone # () _____ - _____
Mailing Address: _____ ATTN: _____
 City _____ State _____ Zip _____
Social Security # or Federal Id#: _____ **Email** _____
Sales Use Tax Registration #: _____
Business Name: _____ Telephone # () _____ - _____
Business address: _____ ATTN: _____
 City _____ State _____ Zip _____

Tax Reporting Requirements: Please check one only

Annual Semi-Annual Quarterly Monthly

Physical Rental Location Information: NOTE: If there is more than one rental location, please contact the Department of Financial Services for additional location information forms. Contact information is on the reverse side of this form.

Address: _____
 Street City State Zip

Accommodation Type: Please check one only
 Hotel/Motel Bed & Breakfast Single Family Dwelling
 Condominium R/V Campground Mobile Home
 Rooming House Multiple Unit Structure Cooperatively Owned Apartment
 Other:(Please Explain): _____

Total Units: _____

Contact Person(s): _____

Applicant's Signature: _____ **Date:** _____

Print Applicant's Name Here: _____

For TDT Office Only: Date received in TDT Office: ____/____/____ By: _____
Registration Fee Paid: _____ TDT Account #: _____

TOURIST DEVELOPMENT TAX (TDT) - APPLICATION INSTRUCTION SHEET

A \$5 registration fee is due at the time of registration. This fee is payable to the: Hernando County Board of County Commissioners. **Remit to: Office of Doug Chorvat, Jr., Clerk of Circuit Court and Comptroller, Department of Financial Services, 20 North Main Street-Room 230, Brooksville, FL, 34601.**

BUSINESS INFORMATION:

Business Name: Corporate, company, or individual name. This is the corporation, company, or individual who is responsible for the collection and remittance of the TDT to the Board of County Commissioners. The business name can be an individual owner of the rented/leased facility or a realty company that is renting/leasing the facility on behalf of the owner.

Telephone #: Phone number for the above referenced business or individual

Business Location: Complete address of the physical location of business referenced above.

ATTN: Person to whom all correspondence should be directed.

Owner Name: Complete name of the owner of rental property (if different from business name).

Mailing Address: Address where tax forms and correspondence will be sent.

TAX REPORTING REQUIREMENTS - DEFINITIONS

Annual: If you did not collect more than \$100 in tax in a period of 12 months, you may file annually. Annual returns are due on or before January 20th for taxes collected the preceding year.

Semi-Annual: If you did not collect more than \$500 in tax in a period of 12 months, you may file semi-annually. Semi-Annual returns are due on or before April 20th (for October through March) and October 20th (for April through September).

Quarterly: If you did not collect more than \$1000 in tax in a period of 12 months, you may file quarterly. Quarterly returns are due on or before the following dates: January 20th (for October through December), April 20th (for January through March), July 20th (for April through June), and October 20th (for July through September).

Monthly: Rentals which do not qualify for annual, semi-annual or quarterly will be classified as monthly. The monthly tax returns are due on or before the 20th of each month covering rentals from the previous month.

PHYSICAL LOCATION INFORMATION OF THE RENTAL PROPERTY:

Address: Complete address of the rented/leased facility.

Accommodation Type: Please check the selection that applies to the rented/leased facility.

Total Units: Total number of physical units available for rent/lease at this location (e.g., duplex - 2 units;).

Signature: This application cannot be processed if not signed and dated by the applicant.

GENERAL INFORMATION:

Enclosed with this application should be a flyer with general information regarding the TDT. If this flyer is not enclosed, contact the Department of Financial Services immediately, as it is imperative that you have this information.

You may contact the Department of Financial Services as follows:

By Mail:

Office of Doug Chorvat, Jr.
Hernando County Clerk of Circuit
Court and Comptroller
Department of Financial Services
Tourist Development Tax Division
20 North Main Street, Room 230
Brooksville, FL 34601-2800

By E-Mail:

tdt@hernandoclerk.org

By Telephone:

352-540-6518

By Fax:

352-754-4225

For additional information please visit our web site at:

<http://hernandoclerk.com>

PLEASE BE REMINDED THAT TOURIST DEVELOPMENT TAX RETURNS/RECORDS ARE SUBJECT TO AUDIT BY THE HERNANDO COUNTY CLERK OF CIRCUIT COURT AND COMPTROLLER.