



Taxpayer Affidavit

DR-350112
N. 06/01



PLEASE COMPLETE ALL THAT APPLY

Name of taxpayer:	SSN:
Name of spouse:	SSN:
Current Florida address:	City, State, ZIP

1. My total _____ intangible tax liability was less than required for filing **Please attach a brokerage statement.**
(year)

2. I filed a Florida Intangible Tax Return under the following ID number: SSN: _____
If held in Trust, Trust FEI: _____

3. I am not now, nor have I ever been, a legal resident of the state of Florida. My legal residence is:

Street and number City State ZIP

Provide evidence of your state of residency or domicile such as a copy of page one of your federal income tax return, state income tax return, or voter's registration.

4. I am **no longer** a Florida resident. I changed my domicile **from** the state of Florida on _____ Date
My **present** domicile is:

Street and number City State ZIP

Provide evidence of your state of residency or domicile such as a copy of page one of your federal income tax return, state income tax return or voter's registration.

5. I am a Florida resident. I changed my domicile **to** the state of Florida on _____ Date
My **former** domicile was:

Street and number City State ZIP

6. The following corporation(s) paid the Florida intangible tax as agent on my behalf (attach list if necessary):

Name of corporation Federal Identification Number

7. The intangible assets I own are not subject to the tax. (Attach schedule of exempt assets.)

Under penalty of perjury, I swear or affirm that the information provided in this inquiry, including any accompanying schedules and statements, has been examined by me and that it is true, correct, and complete for the tax year stated. If prepared by a person other than the taxpayer, this declaration is based on all information of which such person has any knowledge [ss. 92.525(2), 199.232(2), and 837.06, F.S.].

RESPONSE WILL NOT BE PROCESSED WITHOUT APPROPRIATE SIGNATURES

Signature

Spouse's signature (if filing jointly)

Date

Telephone