

# Walton County Clerk of Courts and County Comptroller

## Tourist Development Tax

### REGISTRATION FORM – INDIVIDUAL OR HOTEL



<b>Property Owner Name:</b>		<b>Business Name:</b>	
<b>Username:</b>	Must be 4-15 characters w/ both letters & #'s	<b>Rental Ad#:</b>	Rental property business name, if applicable Ex: VRBO, HomeAway, etc. (Please specify)
<b>Date Rentals Began:</b>		<b>Property DOR Certif. #:</b>	
<b>Rental Property Address:</b>	Street Address City State Zip Bedroom Count	<b>Owner Mailing Address:</b>	Street Address City State Zip Country
<b>Phone:</b>	(____) ____-____ Primary (____) ____-____ Alt.	<b>Email:</b>	
<b>Prior Usage:</b>	<input type="checkbox"/> Personal Use Only <input type="checkbox"/> Previous Long-Term Lease (attach copy) <input type="checkbox"/> Managed by: _____ <input type="checkbox"/> Self-Managed		
<b>If Previously Self-Managed, Provide 3-Year Annual Income Summary:</b>	<b>Declaration:</b> A) Please note that any person who is required to collect, truthfully account for, & pay any tax that willfully fails to do so shall be liable for penalties under the provisions of FL Statute (FS) 213.29. B) All information provided by the applicant is confidential per FS 213.053 & is not subject to FL Public Records Law, FS 119.07. C) By providing an email address above, you consent to electronic communication, reporting, & filing. D) Under penalty of perjury, I declare that I have read the foregoing Document, & the facts stated are true.		
<b>Total # of Rental Units:</b>	HOTELS: Please provide # of rooms		
<b>Using Tax Reporting Agent (CPA, bookkeeper, etc.)? Send all correspondence to Agent?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If so, Agent Name:</b>	<b>Agent Address:</b> Street Address City State Zip Country		
<b>Agent Phone:</b>	(____) ____-____ Primary (____) ____-____ Alt.		
<b>Agent Email:</b>	<b>Signature:</b>		
	<b>Date:</b>		

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### REGISTRATION FORM – INDIV./HOTEL INSTRUCTIONS



- 1) **Property Owner Name:** Please provide name of who owns the property or a primary contact name if business owns the property or the property is a hotel.
- 2) **Business Name:** If property is owned by LLC or other business type or if property is a hotel, please list the business /property ownership name. If simply individual ownership with no business name, then indicate “N/A” for not applicable.
- 3) **Username:** You get to set your own username within the following parameters: 4-15 characters with at least 1 number. Your temporary password will be sent in your New Account Email from our system to the primary contact email address provided on the application.
- 4) **Rental Ad #:** Providing your online advertising # (VRBO, HomeAway, etc.) assists in ensuring compliance of all transient rental providers.
- 5) **Date Rentals Began:** Please provide the date that short-term rentals began under your management.
- 6) **Property DOR Certificate #:** Each owner/business must be registered with the FL DOR for state sales tax purposes in the county where the rental property is located. For Walton Co. rental property, the certificate # should begin with “76”. If your business is not located in Walton Co. or if you have rental property in other FL counties, please make sure that your DOR registration is accurate. If you have not yet received the certificate # from the FL DOR, please indicate “Applied for” in that field & email us the certificate # once received. For further information, please contact the FL DOR at 850-872-4165 or visit [www.myflorida.com/dor](http://www.myflorida.com/dor).
- 7) **Rental Property Address:** Please provide the complete property address for your rental property including the # of bedrooms. If you own more than 1 Walton Co. property, please fill out the Property Addition Form found on [www.touristtax.com/walton](http://www.touristtax.com/walton) & make sure that the Date Rentals Began (above) lists the earliest date of rentals for your properties.
- 8) **Owner Contact Info:** Please provide contact information for the owner/individual who will primarily be responsible for communicating with our taxing office including owner mailing address, phone #'s, email address, etc.
- 9) **Prior Usage:** Please note that “Personal Use Only” means that no income was ever derived including cleaning fees or other small charges paid by friends/family to stay in the unit. If rental property was previously self-managed, rental history disclosure is required.
- 10) **Total Rental Units:** For individuals, please list the # of units you own. For hotels, please provide the # of rooms for rent in your property.
- 11) **Tax Reporting Agent & Contact Info:** Per FL Statute 213.053, taxpayer information is held strictly confidential. If you desire to designate anyone other than the owner to communicate with this office concerning the rentals & taxes, please complete these sections.

**RETURN TO:** Walton County Clerk of Courts and County Comptroller

Attn: Tourist Development Tax  
31 Coastal Centre Blvd., Suite 500  
Santa Rosa Beach, FL 32459

**Phone:** 850-267-2040

**Fax:** 850-267-1335

**E-mail:** [touristdevelopmenttax@waltonclerk.com](mailto:touristdevelopmenttax@waltonclerk.com)