

BAY COUNTY TOURIST TAX REQUEST TO AMEND TAX RETURN

Tourist Tax Account Number:	Reporting period:
Account Name:	

Bay County subaccount number:	Complete property address:
Gross rental income as originally reported	Exempt rental income as originally reported
Amended gross rental income:	Amended exempt income:
Brief explanation for amendment:	

Please use the attached form for additional properties. Please note that additional documentation may be required.

Declaration: Please note that any person who is required to collect, truthfully account for, and pay any tax and willfully fails to do so shall be liable for penalties under the provisions of Section 213.29, Florida Statute (FS). All information provided by the applicant is confidential as provided in section 213.053 FS and is not subject to Florida Public Records Law, Section 119.07 FS. By providing an e-mail address above, you consent to electronic communication, reporting and filing. Under penalty of perjury, I declare that I have read the foregoing document and the facts stated are true.

Signature: _____

Printed Name: _____

Date: _____

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