

# Alexander Holiday Homes

Florida Holiday Homes  
1400 W. Oak Street • Suite H  
Kissimmee, FL  
34741

TEL: 407 932 3683 • FAX: 407 870 2060  
Internet: [www.floridasunshine.com](http://www.floridasunshine.com)

Dear Vacation Homeowners:

Attached are two tax forms required for Management. The first form is a W-7 required for a Federal / National Taxpayer Identification Number. If you are a resident of the United States with a current social security number you do not need to complete the W-7 application.

The second form is required by the State of Florida Department of Revenue. Please complete this form and return it as part of your management application. If you have a current Florida Department of Revenue Tax Identification number please provide a photocopy to us.

Osceola / Orange county will not issue an Occupational License to operate a vacation home without a State Tax Identification number.

We will submit all forms on your behalf.

Thank you.

# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ See instructions.

▶ For use by individuals who are not U.S. citizens or permanent residents.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

**FOR IRS USE ONLY**

**Before you begin:**

- Do not submit this form if you have, or are eligible to obtain, a U.S. social security number (SSN).
- Getting an ITIN does not change your immigration status or your right to work in the United States and does not make you eligible for the earned income credit.

**Reason you are submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b**, **c**, **d**, **e**, **f**, or **g**, you must file a tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a  Nonresident alien required to obtain ITIN to claim tax treaty benefit
  - b  Nonresident alien filing a U.S. tax return
  - c  U.S. resident alien (based on days present in the United States) filing a U.S. tax return
  - d  Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ .....
  - e  Spouse of U.S. citizen/resident alien } .....
  - f  Nonresident alien student, professor, or researcher filing a U.S. tax return or claiming an exception
  - g  Dependent/spouse of a nonresident alien holding a U.S. visa
  - h  Other (see instructions) ▶ .....
- Additional information for a and f: Enter treaty country ▶ ..... and treaty article number ▶ .....

<b>Name</b> <small>(see instructions) Name at birth if different ▶</small>	1a First name	Middle name	Last name
	1b First name	Middle name	Last name

**Applicant's mailing address**

2 Street address, apartment number, or rural route number. **If you have a P.O. box, see page 4.**

City or town, state or province, and country. Include ZIP code or postal code where appropriate.

**Foreign (non U.S.) address**  
(if different from above)  
(see instructions)

3 Street address, apartment number, or rural route number. **Do not use a P.O. box number.**

City or town, state or province, and country. Include ZIP code or postal code where appropriate.

**Birth information**

4 Date of birth (month / day / year)	Country of birth	City and state or province (optional)	5 <input type="checkbox"/> Male <input type="checkbox"/> Female
--------------------------------------	------------------	---------------------------------------	--

**Other information**

6a Country(ies) of citizenship	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date
6d Identification document(s) submitted (see instructions)		
<input type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other ..... Issued by:                      No.:                      Exp. date: / /    Entry date in U.S. / /		
6e Have you previously received a U.S. temporary taxpayer identification number (TIN) or employer identification number (EIN)?		
<input type="checkbox"/> <b>No/Do not know.</b> Skip line 6f. <input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).		
6f Enter: TIN or EIN ▶ ..... and Name under which it was issued ▶ .....		
6g Name of college/university or company (see instructions) ..... City and state ..... Length of stay .....		

**Sign Here**

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN), including any previously assigned taxpayer identifying number.

Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number ( )
Keep a copy for your records. ▶	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney

**Acceptance Agent's Use ONLY**

Signature	Date (month / day / year)	Phone ( )
▶ Name and title (type or print)	Name of company	Fax ( )
		EIN
		Office Code



DEPARTMENT  
OF REVENUE  
Jim Zingale  
Executive Director

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

General Tax Administration  
5401 S. Kirkman Rd Suite 500  
Orlando, FL 32819  
407- 903-7350

General Tax Administration  
Child Support Enforcement  
Property Tax Administration  
Administrative Services

October 4, 2006

Dear Property Managers,

Please be informed that effective October 1<sup>st</sup> a new departmental policy has gone into effect. You must include in your Limited Power of Attorney the following information in order for us to process your transient rental applications.

I, \_\_\_\_\_ (Name of Property or Time-Share Period Owner), hereby authorize \_\_\_\_\_ (Name of Agent, Representative, or Management Company) to act as my agent to rent, lease, let, or grant a license to others to use my described property (properties) or time-share period (periods) located at \_\_\_\_\_ (use additional paper, if necessary) and to charge, collect, and remit sales tax levied under Chapter 212, Florida Statutes (F.S.), to the Department of Revenue. I acknowledge that, by renting, leasing, letting, or offering a license to others to use any transient accommodations, as defined in Rule 12A-1.061, Florida Administrative Code (F.A.C.), I am exercising a taxable privilege under Chapter 212, F.S., and as such acknowledge that I am ultimately liable for any sales tax due the State of Florida on such rentals, leases, lets, or licenses to use. I fully understand that should the State be unable to collect any taxes, penalties, and interest due from the rental, lease, let, or license to use my property, a warrant for such uncollected amount will be issued and becomes a lien against my property until satisfied.

\_\_\_\_\_  
Signature of Property Owner/Lessor

\_\_\_\_\_  
Signature of Agent, Representative, or Management Company

Sincerely,

Barbara Nolan  
Revenue Specialist  
Florida Department of Revenue  
5401 S. Kirkman Road Suite 500  
Orlando, FL 32819  
407-370-7272  
[NolanB@dor.state.fl.us](mailto:NolanB@dor.state.fl.us)