



Ken Burton Jr.
Innovating Better Ways To Serve

MANATEE COUNTY RESORT TAX APPLICATION

When payment is received for the use of renting, leasing or letting any living quarters, sleeping or housekeeping accommodations for a period of six (6) months or less, or on a month-to-month basis, the property owner(s) is subject to the 4% Local Option Tourist (Resort) Tax. (F.S. 212; F.S. 125.0104; F.A.C. 12A-1.061)

Your remittance must be posted online on or before the 20th of the month following the month in which the payment was collected. If the 20th falls on a non-working day, payment will be accepted as current provided payment is received in our office or postmarked the following business day. A penalty of 10%, \$50.00 minimum, plus interest will be assessed on delinquent payments. A collection allowance of 2.5% or \$30 maximum is permitted if filed timely.

Complete and accurate records of all sales made, all taxes collected and any pertinent documents should be kept and made available during business hours for inspection and examination by the Tax Collector or an authorized representative of the Tax Collector's office. These records are to be preserved for a period of at last three (3) years.

Upon receipt of your completed application, our office will send a confirmation to you with instructions regarding the reporting and remittance of your Resort Tax.

Phone: 941.741.4809
Fax: 941.741.4865
E-mail: resorttax@taxcollector.com
www.taxcollector.com
P.O. Box 25300
Bradenton, FL 34206-5300

PLEASE TYPE OR PRINT CLEARLY

For Office Use Only - Resort Tax ID # _____

- * 1. _____
Owner's Name
- * 2. _____
Business Name - if applicable
- * 3. _____
Email Address
- * 4. _____
Rental Location - Street Address & Unit Number
- * _____
City State Zip
- * 5. _____
Mailing Address
- * _____
City State Zip
- * 6. _____
Applicant's Telephone Number including Area Code
- * 7. _____
Initial Date of Rental Agreement

- 8. _____
Parcel Identification Number
- * 9. Type of Rental: # of Units: _____
 Condo Motel Mobile Home Park
 House Hotel Travel Trailer Park
 Apartment Room Interval Owner
 Bed & Breakfast Duplex Other _____
- 10. Realtor/Agent - if applicable

 Realtor Name Telephone Number

 Mailing Address

 City State Zip
- * 11. _____
Applicant's SSN or FEI
- 12. _____
Applicant's State Sales Tax #

WARNING: Giving false information in order to avoid collecting and remitting Resort Tax is a criminal offense and subject to prosecution.

* Required Fields