

GROSS RECEIPTS TAX - Chapter 203, Florida Statutes (F.S.)
Form DR-133
ATTACHMENT TO
REQUEST TO PARTICIPATE IN THE
CERTIFIED AUDIT PROGRAM
(FORM DR-342000)

Business Name: _____

Business Address: _____

Certificate of Registration Number: _____

Federal Identification Number: _____

	YES	NO
1. Do you sell, deliver or transport electricity and/or natural or manufactured gas in Florida?	___	___
2. Do you own or operate an electric, a natural or a manufactured gas distribution facility in Florida that transmits, delivers, or sells electricity and/or natural or manufactured gas?	___	___
3. Are you a natural gas transmission company that is subject to the jurisdiction of the Federal Energy Regulatory Regulation Commission?	___	___
4. Do you import utility services into Florida for your own use?	___	___
5. Do you provide the wholesale sale of electric transmission services?	___	___
6. Are you eligible for an exemption under the Industrial classifications listed in Section 212.08(7) (ff) 2. F. S., for use as an energy source or a raw material?	___	___
7. Do you use natural gas in the production of oil or gas or consume natural or manufacturing gas while transporting natural or manufactured gas services?	___	___

I declare that I have answered the above questions, and to the best of my knowledge and belief they are true, correct and complete.

Date

Signature of taxpayer

Title