



WALTON COUNTY TOURIST DEVELOPMENT TAX

31 Coastal Centre Blvd.

Phone: (850) 267-2040

Suite 500

Fax: (850) 267-1335

Santa Rosa Beach, FL 32459

Email: touristdevelopmenttax@waltonclerk.com

TAX RETURN AMENDMENT REQUEST

Manager/ Account Holder Name		TDT Manager Account #
Reporting/Return Period being Amended	Total Change in Taxable Revenue for this Reporting/Return Period	
Total Gross Rental Income as Originally Reported	Total Exempt Rental Income as Originally Reported	
Total Amended Gross Rental Income	Total Amended Exempt Income	
Brief Explanation for Amendment		
<p>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.</p> <p>B) Rental revenue disclosure to Walton Co. for any rental activity must include all rental revenue regardless of booking method as no platforms remit TDT funds to us on behalf of their hosts/managers/property owners.</p> <p>C) All information provided by the applicant is confidential per FS213.053 & is not subject to FL Public Records Law, FS 119.07.</p> <p>D) By providing an email address above, you consent to electronic communication, reporting, & filing.</p> <p>E) Under penalty of perjury, I declare that I have read the foregoing Document, & the facts stated are true.</p>		
Signature <i>(typed name is sufficient if using online form)</i>	Date	

INSTRUCTIONS:

Please complete the above table for the reporting/return period being amended. On the following page, provide the originally reported gross & exempt revenue totals followed by the correct/ amended gross & exempt revenue totals by property/subaccount for this same return period. You may use as many copies of page 2 as necessary for all properties requiring amendment. Then, submit completed documents via email, fax, or mail using the contact information provided above. *(NOTE: We do not recommend using the "Submit" option offered on the online form as it is unreliable.)* Please be advised that additional documentation may be required to process the requested amendment.

A separate amendment request form must be completed & submitted for each reporting/return period needing correction. If you have any questions, please contact our office.



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Manager Account Name	TDT Manager Account #
Complete Property Address (ex: 5555 W Co Highway 30A Unit 100, Santa Rosa Beach, FL 32459)	Property Sub-Account #
Gross Rental Income as Originally Reported <i>(for this prop/subacct)</i>	Exempt Rental Income as Originally Reported <i>(for this prop/subacct)</i>
Amended Gross Rental Income <i>(for this prop/subacct)</i>	Amended Exempt Income <i>(for this prop/subacct)</i>
Brief Explanation for Amendment <i>IF DIFFERENT</i> from reason provided on page 1 <i>(if same as page 1's reason, please leave blank)</i>	
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