



PATSY HEFFNER, CFC OSCEOLA COUNTY TAX COLLECTOR

2501 E. Irlo Bronson Memorial Hwy. • P.O. Box 422105 • Kissimmee, Florida 34742-2105
Phone 407-742-4000 • Fax 407-742-4000
www.osceolataxcollector.org

BID # _____

TAX CERTIFICATE HOLDER INFORMATION

Please complete and return this form and the attached W-9 form for our records.

Name _____
Name _____
Address _____
Address _____
City, State, Zip _____
E-Mail Address _____
Home Telephone _____
Business Telephone _____
Mobile Telephone _____
Fax Number _____
SSN / TIN _____

Important Notes

You may obtain the W9 form in it's entirety at <http://www.Irs.gov/pub/irs-pdf/fw9.pdf>. Only the first page has been included for Tax Collector business.

The Osceola County Tax Collector is required to collect Social Security numbers for the purpose of identification and to fulfill reporting requirements in all phases of Statutory, Administrative, and Local Government Ordinance requirements.

Due to Department of Revenue Rules and Regulations, we can not accept any personal or business checks for tax sale purchases. We must have guaranteed funds in the form of a cashier's check, certified check, money order or cash. Please make all checks payable to: Patsy Heffner, Tax Collector, and mailing to PO Box 422105, Kissimmee, FL 34742-2105.

Our location address is: 2501 East Irlo Bronson Memorial Hwy, Kissimmee FL 34744

St. Cloud Branch Office
1300 9th Street Ste. 101B
St. Cloud, Florida 34769

Buenaventura Lakes Branch Office
2539 Boggy Creek Rd.
Kissimmee, Florida 34744

Poinciana Branch Office
875 Towne Center Dr.
Kissimmee, Florida 34759

ENDORSEMENT

I hereby transfer all my right, title, and interest in the foregoing tax certificate number _____ ,
to _____

Signature of Transferor

Endorsement must be acknowledged before the tax collector or a notary public.

ACKNOWLEDGEMENT

(Strike inappropriate parenthetical language)

STATE OF _____

COUNTY OF _____

I HEREBY CERTIFY that, on this day before me, (the tax collector of _____)

(an officer duly authorized in the State and County aforesaid to take acknowledgements), that the

foregoing instrument was acknowledged and endorsed before me this _____ by
(date)

_____, who is personally known to be the person described

in the foregoing tax certificate or has produced _____ as identification
(TYPE OF ID)

Tax Collector (Seal)

OR

Notary Public Signature and Seal