

2022 Scannable Alternative Forms Examples

Alternative RT-6 form changes

Note: Refer to the 2022 Alternative Forms Requirements Guide for barcode and OCR line changes.

1. Heading Line 4 (Mail to address):
 - a. Removed '.' from 'W.'.
 - b. Changed 'Tennessee St.' to 'Tennessee Street, Bldg L'.
 - c. Changed 'Florida' to 'FL'.

2. Employer's Mailing Address:
 - a. Removed '.' from 'W.'.
 - b. Changed 'Florida' to 'FL'.

3. Coupon Section – Employer Address:
 - a. Changed 'St.' to 'Street'.



Florida Department of Revenue
Employer's Quarterly Report
 COMPLETE and MAIL your REPORT/PAYMENT to
 5050 W Tennessee Street, Bldg L, Tallahassee, FL 32399-0180

Company ID Here
RT-6
R. 01/15

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

82XX0202233100680540319500123456700007

Quarter Ending	Due Date	Penalty After Date	Tax Rate	RT Account Number 1234567
Employer's Name FDOR - Employer Test				F.E.I. Number
Mailing Address 5050 W Tennessee Street				For Official Use Only - Postmark Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City/State/ZIP Tallahassee, FL 32399-0141				

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month

1 st Month	10
2 nd Month	9
3 rd Month	8

2. Gross wages paid this quarter (Must total all pages).....	999999999 .99
3. Excess wages paid this quarter (See instructions).....	999999999 .99
4. Taxable wages for this quarter (See instructions)	999999999 .99
5. Tax Due (Multiply Line 4 by tax rate)	999999999 .99
6. Penalty Due (See instructions)	999999999 .99
7. Interest Due (See instructions)	999999999 .99
8. Installment Fee (See instructions)	9 .99
9a. Total Amount Due (See instructions)	999999999 .99
9b. Amount Enclosed (See instructions)	999999999 .99

All wage items must be reflected on the continuation sheet.

If you are filing as a sole proprietor, is this for domestic household employment only? Yes No

Check if you had out-of-state wages. Attach *Employer's Quarterly Report for Out-of-State Wages* (RT-6NF). Check if final return Date operations ceased. / /

"Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5), Florida Statutes).
 (DO NOT DETACH)

Signature	Date	Signature of Preparer
Title	Telephone No. ()	Preparer's Telephone No.

FDOR - Employer Test
 5050 W Tennessee Street
 Tallahassee, FL 32399-0141

Check here if you transmitted funds electronically
 RT Account Number: 1234567

DOR USE ONLY
 / /
 POSTMARK OR HAND DELIVERY DATE

Company ID Here
RT-6
R. 01/15
 Rule 73B-10.025
 Florida Administrative Code

1234567	012345678	10	9
8	99999999999	99999999999	99999999999
99999999999	99999999999	99999999999	999
99999999999	99999999999	0	0
1	20180331	0	0
0	0	0	0
0	0	0	0
0	0	0	0