Company ID Here
RT-6
R. 07/23
Rule 73B-10.037, F.A.C.
Effective XX/XX
Provisional

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

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

84XX02024033100680540319500123456700007

Quarter Ending	Due Date	Penalty After Date	Tax Rate	RT Account Number	F.E.I. Number
				1234567	

For Official Use Only – Postmark Date

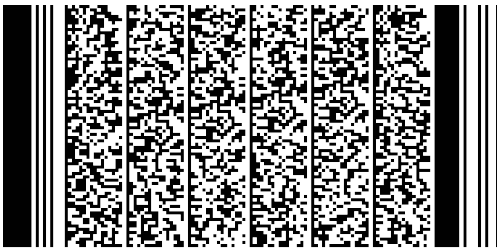**Employer's Name** FDOR - Employer Test

Mailing Address 5050 W Tennessee Street

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

1st Month	10
2nd Month	9
3rd 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.

E-Verify Certification

I attest, under penalty of perjury, that this employer uses the E-Verify system defined in section 448.095 (1)(c), Florida Statutes or the *Employment Eligibility Verification* (Form USCIS I-9), if E-Verify is not available within three business days of a new hire, to verify the employment eligibility of newly hired employees.

Signature _____

Title _____

Today's Date _____

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 operations ceased. Date ☐☐/☐☐/☐☐☐☐

"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

1234567	012345678	10	9
8	9999999999	9999999999	9999999999
9999999999	9999999999	9999999999	999
9999999999	9999999999	0	
1	20180331	0	

9999999999

84XX 0 20240331 0068054031 9 5001234567 0000 7