

Florida Department of Revenue Employer's Quarterly Report

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

UCT-6
R. 01/08

Use black ink. Example A - Handwritten Example B - Typed

Example A: 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
 Example B: 0 1 2 3 4 5 6 7 8 9

QUARTER ENDING: [] [] / [] [] / [] [] [] []
 DUE DATE: [] [] [] [] [] [] [] []
 PENALTY AFTER DATE: [] [] [] [] [] [] [] []
 TAX RATE: [] [] [] [] [] [] [] []
 UT ACCOUNT NUMBER: [] [] [] [] [] [] [] [] - [] []



Do not make any changes to the pre-printed information on this form. If changes are needed, request and complete an Employer Account Change Form (UCS-3).

If you do not have an account number you are required to register (see instructions).

F.E.I. NUMBER: [] [] - [] [] [] [] [] [] [] []

FOR OFFICIAL USE ONLY POSTMARK DATE
 [] [] / [] [] / [] [] [] []

UCT-6

Name
Mailing Address
City/St/ZIP

Location Address
City/St/ZIP

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	[] [] [] [] [] [] [] []
2nd Month	[] [] [] [] [] [] [] []
3rd Month	[] [] [] [] [] [] [] []

- Gross wages paid this quarter (Must total all pages)
- Wages paid this quarter in excess of \$7,000. (Only the first \$7,000 paid to each employee per calendar year is subject to Florida Unemployment Tax.)
- Taxable wages for this quarter (Line 2 minus Line 3)
- Tax due (Multiply Line 4 by Tax Rate)
- Penalty due (See instructions)
- Interest due (See instructions)
- Total amount due** (Line 5 + Line 6 + Line 7)
Make check payable to: Florida U.C. Fund

US Dollars	Cents
[] [] [] [] [] [] [] []	[] []
[] [] [] [] [] [] [] []	[] []
[] [] [] [] [] [] [] []	[] []
[] [] [] [] [] [] [] []	[] []
[] [] [] [] [] [] [] []	[] []
[] [] [] [] [] [] [] []	[] []

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

Reverse Side Must be Completed

Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes).

Sign here	Signature of officer	Date	Title	Phone () ()	Fax () ()
	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	[] [] [] [] [] [] [] []
Paid preparers only	Firm's name (or yours if self-employed) and address	Date	FEIN	ZIP	Preparer's phone number () ()

DO NOT DETACH

Employer's Quarterly Report Payment Coupon

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Florida Department of Revenue

COMPLETE and MAIL with your REPORT/PAYMENT.
 Please write your ACCOUNT NUMBER on check.
 Be sure to SIGN YOUR CHECK.
 Make check payable to: **Florida U.C. Fund**

UT ACCOUNT NO. [] [] [] [] [] [] [] [] - [] []

F.E.I. NUMBER [] [] - [] [] [] [] [] [] [] []

No number? (See instructions.)

DOR USE ONLY
 [] [] / [] [] / [] []
POSTMARK OR HAND DELIVERY DATE

Name
Mailing Address
City/St/ZIP

AMOUNT ENCLOSED
 (if less than \$1.00 no remittance is necessary)

U.S. Dollars	Cents
[] [] [] [] [] [] [] []	[] []

PAYMENT FOR QTR/YR

[] - [] []

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Check here if you transmitted funds electronically.



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QUARTER ENDING

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EMPLOYER'S NAME

UT ACCOUNT NUMBER

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9. EMPLOYEE'S SOCIAL SECURITY NUMBER

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10. EMPLOYEE'S NAME (please print first twelve characters of last name and first eight characters of first name in boxes)

Last Name □□□□□□□□□□□□ Middle Initial □□

First Name □□□□□□□□□□ Middle Initial □□

Last Name □□□□□□□□□□□□ Middle Initial □□

First Name □□□□□□□□□□ Middle Initial □□

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Last Name □□□□□□□□□□□□ Middle Initial □□

11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER

U.S. Dollars | Cents |
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12. Total Gross Wages This Page (include in Line 2 on Page 1)

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DO NOT DETACH



Hate paperwork? We can help!

File and pay your Florida unemployment tax **online**.

It's fast, easy, accurate and secure.

Internet Address: www.myflorida.com/dor/eservices

Call 800-482-8293 for assistance.

Mail Reply To:
Unemployment Tax
Florida Department of Revenue
5050 W Tennessee St
Tallahassee FL 32399-0180