

newly hired employees.

Signature Title

Today's Date

Florida Department of Revenue Employer's Quarterly Report Continuation Sheet

R. 07/23 Rule 73B-10.037,F.A.C. Effective XX/XX Provisional

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

ocial security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs btained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public					CCOUNT	NUMBE	R			
records. Collection of your SSN is authorized under star federal law governing the collection, use, or release of \$	e and federal law. Visit floridarevenue.c SNs. including authorized exceptions.	om/privacy for more information regarding	g the state and							
	MPLOYER'S NAME			F.E.I.	NUMBER	₹				
					-					
42 FARI OVERIO 2001AL 250 ARIVETA AND ER	11 FMPI OYFF'S NAME (please	e print first twelve characters of last name and first			S GROSS					
10. EMPLOYEE'S SOCIAL SECURITY NUMBER	eight characters of first name in		12b. EMF		S TAXABL ',000 paid to					
	Last									
	Name	Middle	12a.		,	╡ ┼┤;	<u>'</u> -		• -	╣
	Name	Initial	12b.			- ;	┍╬		•	╬
	Last Name		12a.		_الــاوا	<u></u>	<u>, </u>			
	First Name	Middle Initial	12b.						. [
	Last		420			īĦ,				Ī
	Name	Middle	12a		┇	┽/┼┤;	'		• -	╬
	Name Last	Initial	12b.			- ;	, 		• -	╬
	Name		12a.		اِلــاوا	<u>_</u> ,	, <u> </u> _			<u> </u>
	First Name	Middle Initial	12b.			J∐.				
	Last Name		12a.			$\exists \Box$				
	First	Middle			' , ''	TIT!			•	╦
	Name	Initial	12b.			╣;	'H¦-		• -	╬
	Name	Middle C	12a.		إك•ا	- ;	┍╬		• 📙	<u> </u>
	First Name	Middle Initial	12b.			J∐,	,ШL			
	Last Name		12a.							
	First Name	Middle Initial	12b.			īĦ'				1
	Last		120.			≒ ;;	'	╣	• -	╬
	Name	Middle	12a.		╏╸┖		,HH		• -	╬
	Name	Initial	12b.			إلى!	<u>, </u>			<u> </u>
	Last Name		12a.		الله	J∐.	,UL			
	First Name	Middle Initial	12b.		ĺ					
	Last					ŢŢ,			•	ī
	Name	Middle	12a.		,	┤├┤;	' -		• -	╬
	Name		12b.				<u>, </u>		• -	╬
	Last Name		12a.		_اك,ا	_ _ ,	, <u></u>			
	First Name	Middle Initial	12b.				.			
	Last Name		12a.			Ī,				
	First	Middle			' , ''	 	'	╣	-	╬
	Name	Initial	12b.			╬;	!		• -	卝
		nes 12a only). Total this page only. Inc nal pages in Line 2 on page 1 of the F			ـإك,ا	<u>.</u> _ ,	<u>, </u>	44	٠,	<u> </u>
		ines 12b only). Total this page only. I				∐ .	,LL			
E-Verify Certification	uns and lotals from addition	nal pages in Line 4 on page 1 of the F	Λ1-U .							
I attest, under penalty of perjury, th	at this employer uses the E-Ver	rify system defined in section 448 within three business days of a	8.095(1)(c), Flo	orida S	tatutes	or the <i>l</i>	Employ	ment		