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.

QUARTER ENDING	DUE DATE	PENALTY AFTER DATE	TAX RATE	RT ACCOUNT NUMBER
06/30/2023	07/01/2023	07/28/2023	.0012	4567890

Example A: 0 1 2 3 4 5 6 7 8 9 Example B: 0123456789

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

F.E.I. NUMBER: 12-3456789

Name The Company, LLC

Mailing Address 123 Pine St.

City/St/ZIP Tallahassee, FL 32301

Location Address 321 Maple St.

City/St/ZIP Tallahassee, FL 32301

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	0
2nd Month	0
3rd Month	0

☐ Check if final return: Date operations ceased. __/__/____

☐ Check if you had out-of-state wages. Attach *Employer's Quarterly Report for Out-of-State Taxable Wages* (RT-6NF).

Reverse Side Must be Completed

2.	Gross wages paid this quarter (Must total all pages)	0.00
3.	Excess wages paid this quarter (See instructions)	0.00
4.	Taxable wages paid this quarter (See instructions)	0.00
5.	Tax due (Multiply Line 4 by Tax Rate)	0.00
6.	Penalty due (See instructions)	
7.	Interest due (See instructions)	
8.	Installment fee (See instructions)	
9a.	Total amount due (See instructions)	0.00
9b.	Amount Enclosed (See instructions)	0.00

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

RT-6

Signature	John Doe	Date 07/01/2023	Title	Leader	
Preparer's signature		Date	Phone	(800) 555-1212	Fax (800) 555-1212
Paid preparers only	Firm's name (or yours if self-employed)	Name	Preparer check if self-employed ☐	Preparer's SSN or PTIN	
	Address	Address		FEIN	
		City/St/ZIP		Preparer's phone number	( )

Test Case

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QUARTER ENDING: 06/30/2023

EMPLOYER'S NAME: The Company, LLC

RT ACCOUNT NUMBER: 4567890

10. EMPLOYEE'S SOCIAL SECURITY NUMBER	11. EMPLOYEE'S NAME (please print first twelve characters of last name and first eight characters of first name in boxes)	12a. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER 12b. EMPLOYEE'S TAXABLE WAGES PAID THIS QUARTER Only the first $7,000 paid to each employee per calendar year is taxable.
	Last Name	12a.
	First Name / Middle Initial	12b.
	Last Name	12a.
	First Name / Middle Initial	12b.
	Last Name	12a.
	First Name / Middle Initial	12b.
	Last Name	12a.
	First Name / Middle Initial	12b.
	Last Name	12a.
	First Name / Middle Initial	12b.
	Last Name	12a.
	First Name / Middle Initial	12b.
	Last Name	12a.
	First Name / Middle Initial	12b.
	Last Name	12a.
	First Name / Middle Initial	12b.
	13a. Total Gross Wages (add Lines 12a only). Total this page only. Include this and totals from additional pages in Line 2 on page 1.	0.00
	13b. Total Taxable Wages (add Lines 12b only). Total this page only. Include this and totals from additional pages in Line 4 on page 1.	0.00

E-Verify Certification

I attest 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: John Doe

Title: Leader

Today's Date: 6/10/2023

Test Case