

# 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.

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

**UCT-6**  
R. 01/07

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).

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:    ,

- 2. Gross wages paid this quarter (Must total all pages)
- 3. 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.)
- 4. Taxable wages for this quarter (Line 2 minus Line 3)
- 5. Tax due (Multiply Line 4 by Tax Rate)
- 6. Penalty due (See instructions)
- 7. Interest due (See instructions)
- 8. Total amount due (Line 5 + Line 6 + Line 7) Make check payable to: Florida U.C. Fund

US Dollars		Cents
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

PAYMENT FOR QTR/YR

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Check here if you transmitted funds electronically.

9100 0 99999999 0068054031 7 5009999999 0000 4

