



Company ID Here

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

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

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

83XX0202333100680540319500123456700007

Table with 6 columns: Quarter Ending, Due Date, Penalty After Date, Tax Rate, RT Account Number (1234567), F.E.I. Number

Employer's Name FDOR - Employer Test

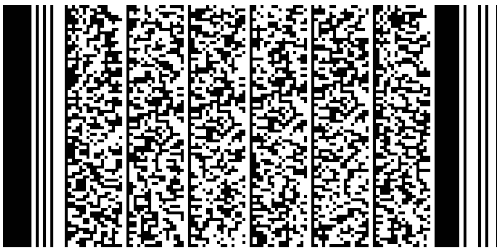
For Official Use Only - Postmark Date

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

Table with 2 columns: Month (1st, 2nd, 3rd) and Count (10, 9, 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 Date operations ceased.

"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)

Table with 3 columns: 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



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RT-6
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1234567 012345678 10 9
8 99999999999 99999999999 99999999999
99999999999 99999999999 99999999999 999
99999999999 99999999999 0
1 20180331 0

99999999999

83XX 0 20230331 0068054031 9 5001234567 0000 7