



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

Company ID Here

RT-6
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.

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|----------------|----------|--------------------|----------|------------------------------|---------------|
| Quarter Ending | Due Date | Penalty After Date | Tax Rate | RT Account Number 1234567 | F.E.I. Number |
|----------------|----------|--------------------|----------|------------------------------|---------------|

Employer's Name FDOR - Employer Test

Mailing Address 5050 W Tennessee Street

City/State/ZIP Tallahassee, FL 32399-0141

For Official Use Only - Postmark Date

| | | | | | |
|--|--|--|--|--|--|
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|--|--|--|--|--|--|

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

| | |
|-----------------------|----|
| 1 st Month | 10 |
| 2 nd Month | 9 |
| 3 rd Month | 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)

| | | |
|-----------|----------------------|--------------------------|
| 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

DOR USE ONLY
 / /
 POSTMARK OR HAND DELIVERY DATE

Company ID Here
RT-6
R. 07/23

| | | | |
|------------|------------|------------|------------|
| 1234567 | 012345678 | 10 | 9 |
| 8 | 9999999999 | 9999999999 | 9999999999 |
| 9999999999 | 9999999999 | 9999999999 | 999 |
| 9999999999 | 9999999999 | 0 | |
| 1 | 20250331 | 0 | |

9999999999

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