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					if change	Information on this form. If changes are needed, request and complete an		r.c.i. NUMBEN						
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cation				(See Instruction	<b>a</b> )				4	Щ	,	Щ	4.	
idmes iy/St/Z/III				5. Tax due (Multiply Line 4	by Tax Rate)									
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	f final return: perations ceased			9b. Amount Englosed				- >	===		5		•	
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111	If you had out-o	f-state wages. A	itach <i>Employer's</i>	(See Instruction	•	an.		Ļ		Ш	,Ш	ΠÎ		
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## 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 to Complete This Form

QUARTER ENDING EMPLOYER'S NAME RT ACCOUNT NUMBER **TAXPAYER NAME** 1234567 EMPLOYEE'S NAME (please print first twelve characters of last name and first elight characters of first name in boxes) 12a. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER 10. EMPLOYEE'S SOCIAL SECURITY NUMBER 12b. FMPI OYEE'S TAXABLE WAGES PAID THIS QUARTER Only the first \$7,000 paid to each employee per calender year is taxable. 12b. 12a 12h 12a 12b. 12b. 12b. 12b. 12b 120 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.

Total Taxable Wages (add Lines 12b only). Total this page only.
 Include this and totals from additional pages in Line 4 on page 1.

DO NOT

## Mail Reply To:

Reemployment Tax
Florida Department of Revenue
5050 W Tennessee St Bldg L
Tallahassee FL 32399-0180

Social security numbers (SSNs) are used by the Florida Department of Revenue as unique Identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our website at www.floridarevenue.com and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

## Mail Address 1

Mail Address 2

Mail Address 3

**Mail Address 4** 

Mail Address 5

## Please save your instructions!

R. 01/15

Quarterly Report instructions (RT-6N/RTS-3) are only mailed with new accounts or when there are changes. If you misplace your instructions, you can download them from

www.floridarevenue.com/Pages/forms\_Index\_aspx