

# 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.

**RT-6**  
R. 01/15

Use black ink. Example A - Handwritten Example B - Typed

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

**Use Black Ink to Complete This Form**

**QUARTER ENDING** MM / DD / YYYY   
 **DUE DATE** MM/DD/YYYY   
 **PENALTY AFTER DATE** MM/DD/YYYY   
 **TAX RATE** .1234   
 **RT ACCOUNT NUMBER** 1234567

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 (RTS-3)**.

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

**F.E.I. NUMBER**

**FOR OFFICIAL USE ONLY POSTMARK DATE**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/ST/ZIP \_\_\_\_\_

Location Address \_\_\_\_\_  
 City/ST/ZIP \_\_\_\_\_

**Mail Address 1**  
**Mail Address 2**  
**Mail Address 3**  
**Mail Address 4**  
**Mail Address 5**

Reverse Side Must be Completed

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

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							

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-8NF).

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

Oriskany.com

<b>Sign here</b>	Signature of filer	Date	Title	Phone	Fax
	Preparer's signature		Preparer check if self-employed	Preparer's SSN or PTIN	
<b>Paid preparers only</b>	Firm's name (or yours if self-employed) and address	Date	FEIN	ZIP	Preparer's phone number

**DO NOT DETACH**

TC  
 Rule 73B-10.037  
 Florida Administrative Code  
 Effective Date 11/14  
 Florida Department of Revenue

## Employer's Quarterly Report Payment Coupon

**RT-6**  
R. 01/15

**COMPLETE and MAIL with your REPORT/PAYMENT.**  
 Please write your RT ACCOUNT NUMBER on check.

Make check payable to: Florida U.G. Fund

**DOR USE ONLY**

/ /

POSTMARK OR HAND DELIVERY DATE

**RT ACCOUNT NO.** 1234567

**F.E.I. NUMBER** -

**GROSS WAGES** (From Line 2 above.)    U.S. Dollars    Cents

**AMOUNT ENCLOSED** (From Line 9b above.)

**PAYMENT FOR QUARTER ENDING MM/YY**    M M - Y Y

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/ST/ZIP \_\_\_\_\_

**Mail Address 1**  
**Mail Address 2**  
**Mail Address 3**  
**Mail Address 4**  
**Mail Address 5**

Check here if you are electing to pay tax due in installments.

Check here if you transmitted funds electronically.

9200 0 99999999 0068054031 6 5001234567 0000 7



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QUARTER ENDING

MM / DD / YYYY

EMPLOYER'S NAME

TAXPAYER NAME

RT ACCOUNT NUMBER

1234567

10. EMPLOYEE'S SOCIAL SECURITY NUMBER

Grid for entering employee's social security number (SSN) in MM-DD-YYYY format.

11. EMPLOYEE'S NAME (please print first twelve characters of last name and first six characters of first name in boxes)

Grid for entering employee's name, including Last Name and First Name fields.

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.

Grid for entering employee's gross and taxable wages.

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.

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.

DO NOT DETACH

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.

Please save your instructions!

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

- Mail Address 1
Mail Address 2
Mail Address 3
Mail Address 4
Mail Address 5