



Employer's Reemployment Tax* Annual Report for Employers of Domestic Employees Only

RT-7
R. 12/15

Rule 73B-10.037
Florida Administrative Code

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

Internet Address: www.myflorida.com/dor

Instructions

Filing Reports – Every employer who is liable under the Florida reemployment assistance program law must file a report. Those having employees who perform domestic duties **only**, and have been **approved by** the Department for annual filing, may use this *Annual Report for Employers of Domestic Employees Only* (RT-7, formerly UCT-7) for this purpose. All others must use the *Employer's Quarterly Report* (RT-6, formerly UCT-6).

Reminder – The RT-7 **MUST** be submitted **timely, even if no tax is due.**

No Employment – A registered employer who had no employees or paid no wages during the year must still complete, sign and return the Employer's Annual Report. If you need to cancel your registration, call 800-352-3671.

Electronic Filing and Paying – The Department of Revenue offers the convenience of using our free and secure website to file and pay reemployment tax. To enroll, or get more information, go to the website at www.myflorida.com/dor. After you complete your electronic enrollment we will send you a User ID, PIN/Password, and instructions based on the filing/payment method you choose. Once you are set up to file/pay electronically, you will not receive paper reports from the Department. Please do not mail a paper report if you file electronically.

Due Date – The original report must be filed and the tax due paid, if applicable, no later than January 31st. If you are making your payment by EFT, you must initiate the payment by 5:00 p.m., ET, on the business day prior to January 31 for your payment to be considered timely. The report should only cover employment for the employer during the preceding calendar year.

Employer Changes/Adjustments – Addresses may be changed online or by completing and submitting an *Employer Account Change Form* (RTS-3, formerly UCS-3). This form is also used to report other changes to your account.

Certification/Signature – The report must be signed by (1) the employer, or (2) a responsible and duly authorized agent of the employer. Complete the paid preparer information, if applicable.

Line 1 – Enter the total number of covered full-time and part-time employees who performed domestic services during, or received pay for, the payroll period including the 12th of each month.

Line 2 – Enter the total GROSS WAGES paid for each quarter (before deductions), including salaries, commissions, bonuses, vacation and sick pay, back pay, awards, and the cash value of all remuneration paid in any medium other than cash. Tips and gratuities are wages when included by the employer to meet minimum wage requirements and/or when the employee receives and reports in writing to the employer \$20 or more per month. Gross wages should not include wage items specifically exempt per section 443.1217 (2)(b)-(g), Florida Statutes.

Line 3 – Enter the amount of EXCESS WAGES exceeding \$7,000 paid to each employee for each quarter. (Only the first \$7,000 paid to each employee per calendar year is subject to the Florida reemployment tax.) Wages reported to another state by the same employer for an employee should be considered when determining excess wages.

Line 4 – Enter the total TAXABLE WAGES paid for each quarter (total all Line 13B entries from each page).

Line 5 – Enter the taxable wages paid for the year. Add the total of each quarter from Line 4 together.

Line 6 – Enter tax due. Multiply Line 5 by tax rate listed on page 1.

Line 7 – If this report is not filed by the Due Date listed on page 1, compute penalty of \$25 for each month, or fraction of a month, that the report is late.

Line 8 – If tax due from Line 6 is not paid by January 31, interest is owed on tax due. Florida law provides a floating rate of interest for late payments of taxes and fees due. Interest rates, including daily rates, are published in Tax Information Publications that are updated semiannually on January 1 and July 1 each year and posted online at: www.myflorida.com/dor

Line 9 – Enter the total amount of Lines 6, 7, and 8. Write your RT account number on your check. Make check payable to Florida U.C. Fund and enclose the check with this report. If less than \$1 is due, send this report with no payment.

Line 10 – Enter each employee's social security number (NINE digits - Do not suppress the leading zeros). Every employee, regardless of age, is required to have a social security number. If the employee's social security number is not included, the first (up to) \$7,000 of wages on each quarter reported will be taxed at your reemployment tax rate.

Line 11 – Enter each employee's last name, first name, and middle initial.

Line 12a – Enter each employee's gross wages as defined in the instructions for Line 2, in the appropriate calendar quarter in which the wages were paid. Wages cannot be reported as a yearly total.

Line 12b – Enter each employee's taxable wages paid for each quarter.

EXAMPLE: John Doe, the only employee, earns \$3,000 per quarter.

His wages should be reported as shown:	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Gross Wages (Line 12a)	\$3,000	\$3,000	\$3,000	\$3,000
Excess Wages	\$0	\$0	\$2,000	\$3,000
Taxable Wages (Line 12b)	\$3,000	\$3,000	\$1,000	\$0

Line 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.

Line 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.

For assistance call 800-352-3671
or
Go to www.myflorida.com/dor

* Formerly Unemployment Tax

Florida Department of Revenue Employer's Reemployment Tax Annual Report for Employers of Domestic Employees Only

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

0123456789 0123456789

CALENDAR YEAR ENDING / / DUE DATE PENALTY AFTER DATE TAX RATE RT 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 (RTS-3).

F.E.I. NUMBER - FOR OFFICIAL USE ONLY POSTMARK DATE / /

Name Address City/St/ZIP

1. Enter the total number of full-time and part-time covered employees who performed services during, or received pay for, the payroll period including the 12th of the month.

Table with columns for First, Second, Third, and Fourth Quarters, and rows for First, Second, and Third Months.

2. Gross wages paid each quarter
3. Excess wages paid each quarter
4. Taxable wages for each quarter
5. Taxable wages for calendar year x Tax Rate =

6. Tax due (see instructions, multiply Line 5 by tax rate)
7. Penalty due (see instructions)
8. Interest due (see instructions)
9. Total amount due (Line 6 plus Line 7 plus Line 8)

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Make check payable to: Florida U.C. Fund

Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (section 443.131(1) Florida Statutes). Sign here Signature of employer Title Phone Preparer's signature Preparer check if self-employed Preparer's SSN or PTIN Firm's name (or yours if self-employed) and address Date FEIN ZIP Preparer's phone number

Employer's Reemployment Tax Annual Report for Employers of Domestic Employees Only Payment Coupon

Florida Department of Revenue

COMPLETE and MAIL with your REPORT/PAYMENT. Please write your RT ACCOUNT NUMBER on check. Be sure to SIGN YOUR CHECK. Make check payable to: Florida U.C. Fund

DOR USE ONLY POSTMARK OR HAND DELIVERY DATE / /

RT ACCOUNT NO. F.E.I. NUMBER

Name Address City/St/ZIP

AMOUNT ENCLOSED US Dollars Cents

PAYMENT FOR CALENDAR YEAR

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Check here if you transmitted funds electronically.



Florida Department of Revenue Employer's Reemployment Tax Annual Report for Employers of Domestic Employees Only WAGES SCHEDULE OF DOMESTIC EMPLOYEES (additional page)

RT-7

CALENDAR YEAR ENDING

Employer's name input field

EMPLOYER'S NAME

RT ACCOUNT NUMBER

RT account number input field

F.E.I. NUMBER

F.E.I. number input field

12a. EMPLOYEE'S GROSS WAGES PAID EACH QUARTER 12b. EMPLOYEE'S TAXABLE WAGES PAID EACH QUARTER

Employee 1 wage schedule table with columns for Gross and Taxable wages by quarter

Employee 2 wage schedule table with columns for Gross and Taxable wages by quarter

Employee 3 wage schedule table with columns for Gross and Taxable wages by quarter

Employee 4 wage schedule table with columns for Gross and Taxable wages by quarter

Employee 5 wage schedule table with columns for Gross and Taxable wages by quarter

Summary row for Employee 12a and 12b totals across quarters

Summary row for all employees 12a and 12b totals across quarters

10. EMPLOYEE'S SOCIAL SECURITY NUMBER

11. EMPLOYEE'S NAME (Please print first twelve characters of last name, first eight characters of first name and middle initial in boxes.)

Employee 1 name and SSN input fields

Employee 2 name and SSN input fields

Employee 3 name and SSN input fields

Employee 4 name and SSN input fields

Employee 5 name and SSN input fields

13a. TOTAL GROSS WAGES EACH QUARTER THIS PAGE INCLUDE IN LINE 2 ON PAGE 1

13b. TOTAL TAXABLE WAGES EACH QUARTER THIS PAGE INCLUDE IN LINE 4 ON PAGE 1



Florida Department of Revenue Employer's Reemployment Tax Annual Report for Employers of Domestic Employees Only WAGES SCHEDULE OF DOMESTIC EMPLOYEES (additional page)

RT ACCOUNT NUMBER

F.E.I. NUMBER

CALENDAR YEAR ENDING

EMPLOYER'S NAME

12a. EMPLOYEE'S GROSS WAGES PAID EACH QUARTER

12b. EMPLOYEE'S TAXABLE WAGES PAID EACH QUARTER

EMPLOYEE		SOCIAL SECURITY NUMBER	
Last Name	First Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12a. GROSS WAGES PAID EACH QUARTER		12b. TAXABLE WAGES PAID EACH QUARTER	
THIRD QUARTER ENDING 9/30		FOURTH QUARTER ENDING 12/31	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE		SOCIAL SECURITY NUMBER	
Last Name	First Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12a. GROSS WAGES PAID EACH QUARTER		12b. TAXABLE WAGES PAID EACH QUARTER	
THIRD QUARTER ENDING 9/30		FOURTH QUARTER ENDING 12/31	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE		SOCIAL SECURITY NUMBER	
Last Name	First Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12a. GROSS WAGES PAID EACH QUARTER		12b. TAXABLE WAGES PAID EACH QUARTER	
THIRD QUARTER ENDING 9/30		FOURTH QUARTER ENDING 12/31	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE		SOCIAL SECURITY NUMBER	
Last Name	First Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12a. GROSS WAGES PAID EACH QUARTER		12b. TAXABLE WAGES PAID EACH QUARTER	
THIRD QUARTER ENDING 9/30		FOURTH QUARTER ENDING 12/31	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE		SOCIAL SECURITY NUMBER	
Last Name	First Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12a. GROSS WAGES PAID EACH QUARTER		12b. TAXABLE WAGES PAID EACH QUARTER	
THIRD QUARTER ENDING 9/30		FOURTH QUARTER ENDING 12/31	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13a. TOTAL GROSS WAGES EACH QUARTER THIS PAGE
INCLUDE IN LINE 2 ON PAGE 1

Enter the total of all Line 12a. entries from above for First Quarter Ending 3/31	Enter the total of all Line 12a. entries from above for Second Quarter Ending 6/30	Enter the total of all Line 12a. entries from above for Third Quarter Ending 9/30	Enter the total of all Line 12a. entries from above for Fourth Quarter Ending 12/31
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13b. TOTAL TAXABLE WAGES EACH QUARTER THIS PAGE
INCLUDE IN LINE 4 ON PAGE 1

Enter the total of all Line 12b. entries from above for First Quarter Ending 3/31	Enter the total of all Line 12b. entries from above for Second Quarter Ending 6/30	Enter the total of all Line 12b. entries from above for Third Quarter Ending 9/30	Enter the total of all Line 12b. entries from above for Fourth Quarter Ending 12/31
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.myflorida.com/dor and select "Privacy Notice" for more information regarding the collection, use, or release of SSNs, including authorized exceptions.