FLORIDA DEPARTMENT OF REVENUE

Quarterly Concurrent Employment Report

RTS-71
R. 01/15
Rule 73B-10.037
Florida Administrative Code

Reporting as a common paymaster limits the amount of wages subject to reemployment tax (formerly unemployment tax) to the first $7,000 of the combined wages for concurrent employees. This may actually increase the total number of quarterly reports to be filed. Quarterly reports still need to be filed for each corporation/limited liability company (LLC) to report any non-concurrent employees.

You must complete and submit this form to the Department by the due date of the *Employer's Quarterly Report* (RT-6, formerly UCT-6). If you do not send this form on time you will lose common paymaster status, and each corporation/LLC will be required to file a *Change to Employer's Quarterly Report* (RT-8A, formerly UCT-8A) within ten days. Tax is due on the taxable wages per employee, not previously reported by each corporation/LLC. If you fail to file the RT-8A and pay the additional tax on time, we will assess tax, penalty, and interest and your future tax rate will increase.

Each corporation/LLC must reimburse the common paymaster for wages and payroll taxes paid on its behalf. It must also record and expense wages, and payroll tax expenses, on its own financial statements for federal income tax purposes.

If a related company/LLC has not been assigned a reemployment tax account number, you must register. To register online go to **www.myflorida.com/dor**.

Common Paymaster:		RT Account Number	
For Quarter/Year Ending: ☐☐/☐☐/☐☐☐☐		*Total Quarterly Wages Earned for Concurrent Employees (cannot be zero)	
RT Account Number	Name of Related Corporations/LLCs	Gross	Taxable

(Attach additional sheets, if necessary.)

*Concurrent wages for the quarter represent wages for services performed for that corporation/LLC and will be expensed as wages for federal income tax purposes. They will also be recorded as payable to the common paymaster.

Being authorized to execute this report on behalf of the corporations/LLCs named, I confirm that the information provided is true and correct.

Name of common paymaster: _____

Authorized signature: _____

Print name: _____ Phone (_____)_____

Fax this form to:
850-488-5997

Florida Department of Revenue
PO Box 6510
Tallahassee FL 32314-6510

For assistance call:
800-352-3671

www.myflorida.com/dor