

# 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. 07/23  
Rule 73B-10.037, F.A.C.  
Effective XX/XX  
Page 1 of 2

**T** Provisional



**Use Black Ink to Complete This Form**

QUARTER ENDING: [ ][ ] / [ ][ ] / [ ][ ][ ][ ] DUE DATE: [ ][ ][ ][ ] PENALTY AFTER DATE: [ ][ ][ ][ ] TAX RATE: [ ][ ][ ][ ] RT ACCOUNT NUMBER: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

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

Example A: 0 1 2 3 4 5 6 7 8 9 Example B: 0123456789

Do not make changes to the pre-printed information on this form. If changes are needed, visit [floridarevenue.com/taxes/updateaccount](http://floridarevenue.com/taxes/updateaccount) to update your information.

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

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-6NF).

**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): [ ][ ][ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ][ ]

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

**RT-6**

Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (section 443.171(5), Florida Statutes).

Signature	Date	Title		
Preparer's signature	Date	Phone ( )	Fax ( )	
Paid preparers only	Firm's name (or yours if self-employed)	Preparer check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
	Address		FEIN	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
	City/St/ZIP	Preparer's phone number ( )		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

## Employer's Quarterly Report Payment Coupon

DO NOT DETACH

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R. 07/23

Florida Department of Revenue

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

**DOR USE ONLY**  
[ ][ ] / [ ][ ] / [ ][ ]  
POSTMARK OR HAND-DELIVERY DATE

RT ACCOUNT NO. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
F.E.I. NUMBER [ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

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GROSS WAGES (From Line 2 above.): [ ][ ][ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ][ ]

AMOUNT ENCLOSED (From Line 9b above.): [ ][ ][ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ][ ]

PAYMENT FOR QUARTER ENDING MM/YY: [ ][ ] - [ ][ ]

Name  
Mailing Address  
City/St/ZIP

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



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**Use Black Ink to Complete This Form**

QUARTER ENDING

□□ / □□ / □□□□

EMPLOYER'S NAME

\_\_\_\_\_

RT ACCOUNT NUMBER

□□□□□□□□

10. EMPLOYEE'S SOCIAL SECURITY NUMBER

□□□□ - □□ - □□□□□□

□□□□ - □□ - □□□□□□

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□□□□ - □□ - □□□□□□

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

Last Name □□□□□□□□□□□□□□ Middle Initial □

First Name □□□□□□□□ Middle Initial □

Last Name □□□□□□□□□□□□□□ Middle Initial □

First Name □□□□□□□□ Middle Initial □

Last Name □□□□□□□□□□□□□□ Middle Initial □

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First Name □□□□□□□□ Middle Initial □

Last Name □□□□□□□□□□□□□□ Middle Initial □

First Name □□□□□□□□ Middle Initial □

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.

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.

12a. □□□□, □□□□, □□□□. □□□□

12b. □□□□, □□□□, □□□□. □□□□

12a. □□□□, □□□□, □□□□. □□□□

12b. □□□□, □□□□, □□□□. □□□□

12a. □□□□, □□□□, □□□□. □□□□

12b. □□□□, □□□□, □□□□. □□□□

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12b. □□□□, □□□□, □□□□. □□□□

12a. □□□□, □□□□, □□□□. □□□□

12b. □□□□, □□□□, □□□□. □□□□

12a. □□□□, □□□□, □□□□. □□□□

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12b. □□□□, □□□□, □□□□. □□□□

12a. □□□□, □□□□, □□□□. □□□□

12b. □□□□, □□□□, □□□□. □□□□

13a. □□□□, □□□□, □□□□. □□□□

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**

## 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 \_\_\_\_\_

**Mail Reply To:**  
Reemployment Tax  
Florida Department of Revenue  
5050 W Tennessee St  
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 [floridarevenue.com/Privacy](http://floridarevenue.com/Privacy) for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.