

# 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 to Complete This Form**

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

0 1 2 3 4 5 6 7 8 9    0 1 2 3 4 5 6 7 8 9

QUARTER 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).  
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

**Reverse Side Must be Completed**

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).

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 (sections 443.171(5), Florida Statutes).

Sign here	Signature of officer	Date	Title	Phone ( )	Fax ( )
	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	
Paid preparers only	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

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-6  
R. 01/15

RT ACCOUNT NO.    F.E.I. NUMBER

**RT-6**

Name  
Mailing Address  
City/St/ZIP

GROSS WAGES (From Line 2 above.)

AMOUNT ENCLOSED (From Line 9b above.)

PAYMENT FOR QUARTER ENDING MM/YY

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

9100 0 9999999 0068054031 7 500999999 0000 4



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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 □

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**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. □□□□, □□□□, □□□□. □□□□

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**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.myflorida.com/dor](http://www.myflorida.com/dor) 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.myflorida.com/dor](http://www.myflorida.com/dor)