

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.

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

UCT-6
R. 01/06

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



Complete enclosed UCS-3 for changes. (Do not change pre-printed 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: [] [] / [] [] / [] [] [] []

UCT-6

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: [] [] [] [] , [] [] [] []

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

T

- Gross Wages Paid This Quarter (Must be same as item 13)
- Wages Paid This Quarter in Excess of \$7,000. (Only the first \$7,000 paid to each employee is subject to Florida Unemployment Tax.)
- Taxable Wages For This Quarter (Item 2 minus item 3)
- Tax Due (Multiply item 4 by Tax Rate)
- Penalty Due (See instructions)
- Interest Due (See instructions)
- Total Amount Due Make check payable to: Florida U.C. Fund

US Dollars		Cents
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		

9. EMPLOYEE'S SOCIAL SECURITY NUMBER: [] [] [] - [] [] - [] [] [] []

10. EMPLOYEE'S NAME*
*please print first eleven characters of last name in boxes

11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER

Last Name: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 First Initial: [] [] Middle Initial: [] []

US Dollars		Cents
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		

Use Reverse Side For Additional Employees and Required Signature(s).

12. Total Gross Wages This Page

13. Total Gross Wages All Pages (Must be same as item 2 - Gross Wages)

DO NOT DETACH

Employer's Quarterly Report (UCT-6) Payment Coupon

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Florida Department of Revenue

COMPLETE and MAIL with your REPORT/PAYMENT. Please write your 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

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

No number? (See instructions.)

Name
Mailing Address
City/St/ZIP

AMOUNT ENCLOSED (if less than \$1.00 no remittance is necessary)

US Dollars		Cents
[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []		

PAYMENT FOR QTR/YR: [Q] - [Y] [Y]

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Check here if you transmitted funds electronically.



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

QUARTER ENDING

/ /

EMPLOYER'S NAME

UT ACCOUNT NUMBER

-

9. EMPLOYEE'S SOCIAL SECURITY NUMBER

- -

10. EMPLOYEE'S NAME*

*please print first eleven characters of last name in boxes

Last Name First Initial Middle Initial

11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER

US Dollars Cents

12. Total Gross Wages This Page (include in lines 2 and 13 on page 1)

I certify the information contained on this report is true and correct and no part of the unemployment tax was, or is to be deducted from the employee's wages.

Sign here Signature Date Title Preparer's signature Date Preparer check if self-employed Preparer's social security number or PTIN number Firm's name (or yours if self-employed) and address FEIN ZIP Preparers phone number

DO NOT DETACH

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

Internet Address: www.myflorida.com/dor