

# 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

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- 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
[ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]
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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
[ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]
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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

UCT-6  
R. 01/06

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**

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

No number? (See instructions.)

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

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

## UCT-6

Check here if you transmitted funds electronically.

