Use Black lnk to Complete This Form Use Black	12131415617.89 DUE 201434365789 Use Black lnk to Complete This Form F. C. 2011704TER RNNNS DUE DATE FRANLITY AFER DATE TA COUNT NAMER 20110000000000000000000000000000000000		nk. Example A - Handwritter	n Example B - Typed Example B	Florida Departme Employers are required to file quart	ent of Rev terly tax/wage repo	enue Emplo orts regardless of emplo	yer's oyment ac	QUA ctivity or	rter whethe	IY R er any ta	epor axes are	T due.	
NUMETER FINDING DUE DATE PEMALTY AFTER DATE TAR ATE FT ACCOUNT NUMBER Do not make any change to the pre-printic request and complete mining types. Do not make any change to the pre-printic request and complete mining FT ACCOUNT NUMBER WINDER Do not make any change to the pre-printic request and complete mining FT ACCOUNT NUMBER WINDER Do not make any change to the pre-printic request and complete mining FT ACCOUNT NUMBER WINDER Do not make any change to the pre-printic request and complete mining FT ACCOUNT NUMBER WINDER Do not make any change request and complete mining FT ACCOUNT NUMBER WINDER Do not make any change request and complete mining FT ACCOUNT NUMBER WINDER Do not make any change request and complete mining Do not make any change request and complete mining FT ACCOUNT NUMBER WINDER Its Month Do not make any change request and complete mining Do not make any change request any change request any change request any change requ	DUE DE			Ехапріе в								Г	ו R. 0	
<pre>bill bill bill bill bill bill bill bill</pre>	the series and complete an example of the series and complete an example of the series are needed: request and complete an Employer Account Charge Form (ITS-3). For GROPCIAL USE OULT POSITIONER ARE Employer Source of the series of the se	QUARTER END	DING	DUE DATE						UMBER				
<pre>bill bill bill bill bill bill bill bill</pre>	the series are needed: request and complete the changes are needed: request and complete the changes are needed: request and complete the changes form (INS-s). For GROHOLLING UNITY STANAR URLET Reverse Side Must be Completed () () () () () () () () () ()													
If changes are needed. If changes are needed. If changes are needed. If changes are needed. Change Sore (IR53). For OrtHoulus Ko NUY POSTMARK MATE Reverse Side Must be Completed If changes are needed. Ning If changes are needed. Ny SYZTP If changes are needed. Cation If changes are needed. Ny SYZTP If changes are needed. Cation If changes are needed. Ny SYZTP If changes are needed. Cation If changes are needed. Ny SYZTP If changes are needed. Cation If changes are needed. Ny SYZTP If changes are needed. Cation If changes are needed. Ny SYZTP If changes are needed. Cation If changes are needed. Ny SYZTP If changes are needed. If changes are needed. If changes are needed. Ny SYZTP If changes are needed. If changes are needed. If changes are needed. Ny SYZTP If changes are needed. If changes are needed. If changes are needed. Ny SyZTP If changes are needed.	If changes are needed, arguing a second of the source o					to ti	he pre-printed	are						
Engloyer Accounts Findpoyer Accounts Andree Accounts Findpoyer Accounts Maining Chock High and part-time Market Status Ist Month Instructions Ist Month Partone Status Instructions Size instructions Ist Month Date operations cased. Instructions Check High out-of-State Taxable Wages (HT-SN). Total Monte Status Total Date operations cased. Instructions Month Instructions Date operations cased. Instructions Market State Taxable Wages (HT-SN). If you are filing as a a a long proprietor, is this for its market in the return and the facts stated in it are two (sections 43,171(8), Florida Status) Market State Taxable Wages (HT-SN). Date Propared and calles and the return and the facts stated in it are two (sections 43,171(8), Florida Status) Market State Taxable Wages (HT-SN). Date Propared and other and the return and the facts stated in it are two (sections 43,171(8), Florida Status) Market State Taxable Wages (HT-SN). Date Date operations cased. Date operations cased. Date operations cased. Date Date opera	Bindport Account Character Structure aling address typ:SVZIP - Structure - The total number of table and park-fine covered workers with part period incide the model workers with period workers with part period incide the model workers with period workers with part period incide the model workers with part period incide the model workers workers with part period incide the model workers workers with part period incide the model workers wo					lf cl	hanges are needed,	F.E.I. NU	JMBER					
Immediations Reverse Side Must be Completed Immediation Selenstructions Selenstructions Immediation System Selenstructions Immediation Selenstructions Selenstructions Immediation Selenstructions Immediation Immediation Selenstructions	Immediance Reverse Side Must be Completed iding Gross wages paid this quater tyskZrP - contion - tyskZrP - the difficult reset - the difficult reset - contion - context difficult reset -					Em	ployer Account	FOR OFFI						
alling lidress Provide the set of	alling ddress wage pad this quarter (Must total all pages) 3. Excess wages pad this quarter (Bee Instructions) 3. Excess wages pad this quarter (Bee Instructions) 3. Taxable wages pad this quarter (Bee Instructions) 5. Tax due (Must pb) Line 4 by Tax Rate) 6. Penalty due (Bee Instructions) 7. Interest due (Bee Instructions) 7. Interest due (Bee Instructions) 8. Instructions) 9. Taxable wages pad this quarter (Bee Instructions) 9. Tax due (Must pb) Line 4 by Tax Rate) 9. Tax due (Must pb) Line 4 by Tax Rate) 9. Tax due (Must pb) Line 4 by Tax Rate) 9. Tax due (Bee Instructions) 9. The operations occessed, units of the month. 9. Amount before <td>[</td> <td></td> <td></td> <td>Reverse Si</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>/</td> <td></td> <td></td>	[Reverse Si						/			
y/SVZP Evcess wages paid this quarter (See instructions) Taxable wages paid this quarter (See instructions) Tax due (Muthy) Line 4 by Tax Rate) Penalty due (See instructions) Instructions) Instructins) Instructins)	ty/SUZP Excess wages paid this quarter (See instructions) Tax due (Mittpl/Line 4 by Tax Rate) Tax due (Mittpl/Line 4 by Tax Rate) Tax due (Mittpl/Line 4 by Tax Rate) Penelty due (See instructions) Tax due (See instructions)	ame lailing												
cation Iddress by/St/ZIP See instructions; Tax due (Multiply, Line 4 by Tax Rate) Tax due (See instructions) Tax due (See instructions) Tax due (See instructions) The test dual number or received workers who performed services during or received pay for the payodi period including the payodi period inc	See instructions; (See in													
kdress 5. Tax due (Multiply Line 4 by Tax Rate) by/SVZIP 6. Penalty due (See instructions) coverd workers who performed services during or received py for the payroll period including the 12th of the month. 1 st Month 2 nd Month 2 nd Month 3 rd Month 3 rd Month 9 a. Total amount due (See instructions) 3 rd Month 9 b. Amount Endesed Quarterly Report for Out-of-State Taxable Wages (RT-6NF). Month fieldsed (See instructions) Check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Taxable Wages (RT-6NF). Month fieldsed (See instructions) Check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Taxable Wages (RT-6NF). Mr You are filing as a sole proprietor, is this for domestic (household) employment only? Vers Vers Date Proparer's eignature Freparer's signature Freparer's is self-employed is self-employed	ddress ty/SZIP 5. Tax due (Multiply Line 4 by Tax Rate) - Entre the total number of full-line and part-line covered workers who performed services during or necevice parts for the paryotil period including the paryotil period for Cut-of-State Taxable Wages (RT-6NF). If you are filing as a sole proprietor, is this for domestic (household) employment only? Under penalties of periory. I declare that I have read this return and the facts stated in it are true (sections 443.171(6), Florida Statutes). Itin fer ing here Signature of officer Preparer's signature in ad address Date Proparer's signature in ad address Date Proparer's signature in ad address Date Prepare	cation	_											
Enter the total number of full-time and part-line covered workers who performed services during or received pay for the payroll period including the 12th of the month. 2nd Month 2nd Month 3rd Month 3rd Month <t< td=""><td>Enter the fact number of full-time and part-time covered workers who performed services during received pay for the payroll period including the 12th of the month. 1 st Month 1 st Month</td><td>ddress</td><td></td><td></td><td></td><td>by Tax Rate)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Enter the fact number of full-time and part-time covered workers who performed services during received pay for the payroll period including the 12th of the month. 1 st Month	ddress				by Tax Rate)								
covered workers who performed services during ar received yor the payroll period including the 12th of the month. 2nd Month 2nd Month 9 Installment fee (See instructions) 2nd Month 3rd Month 3rd Month 9 Total amount due (See instructions) 2nd Konth 3rd Month 9 Amount Enclosed (See instructions) 9 Check if final return: Date operations ceased. 1 1 1 1 Check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Taxable Wages (RT-6NF). RT -6 If you are filing as a sole proprietor, is this for domestic (household) employment only? yes No 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). Title Phone Fax () Fax () () Yes No Ign here aid reparer's signature Signature of officer Date Preparer's signature Fax () Preparer's signature Fax () () I () I	covered workers who performed services during received pay for the payod period including the 2th of the month. 2nd Month 2nd Month 3nd Month <td></td> <td></td> <td></td> <td></td> <td>s)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>					s)								
or received pay for the payroll period including the 12th of the month. 2rd Month 1 <td< td=""><td>or precived pay for the 2nd Month 2nd Month payroll period including the 12th of the month. 3rd Month 12th of the month. 12th of the month. 12th of the month. 12th of the month. 12t</td><td>covered w</td><td>orkers who</td><td></td><td></td><td>s)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	or precived pay for the 2nd Month 2nd Month payroll period including the 12th of the month. 3rd Month 12th of the month. 12th of the month. 12th of the month. 12th of the month. 12t	covered w	orkers who			s)								
9a. Total amound due (See instructions) 9b. Amount Enclosed (See instructions) 9b. Amount Enclosed (See instructions) 9b. Amount Enclosed (See instructions) 9b. Amount Enclosed (See instructions) 9check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Taxable Wages (RT-6NF). The 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). Title Phone () Preparer's signature Preparer's signature Firm's name (or yours in feed-meployed) and address Date ZIP Preparer's signature Preparer's signature Date Firm's name (or yours and address ZIP Preparer's signature Date	9a. Total amount due (See instructions) 9b. Amount Endosed (See instructions) 9b. Amount Endosed (See instructions) 9b. Amount Endosed (See instructions) 9b. Amount Endosed (See instructions) 9ch Amount Endosed (See instructions) <	or received payroll per	d pay for the 2nd Month iod including the			s)				7				
Date operations ceased. 9b. Amount Enclosed (See instructions) Check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Taxable Wages (RT-6NF). If you are filing as a sole proprietor, is this for domestic (household) employment only? 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). 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). Title Preparer's signature Preparer's nly Preparer's if self-employed and address Date FIN<	Date operations ceased. 9b. Anount Endosed (See instructions) Check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Taxable Wages (RT-6NF). RT-6 If you are filing as a sole proprietor, is this for domestic (household) employment only? 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). Ign here Title Preparer's signature Fax () Preparer's signature Date Preparer's signature Date Preparer's signature Date Firm's name (or yours if self-employed) and address Date ZIP Preparer's phone number Do NOT DETACH	_												
Check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Taxable Wages (RT-6NF). If you are filing as a sole proprietor, is this for domestic (household) employment only? 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). ign here Title Signature of officer Date Preparer's signature Fax () Firm's name (or yours if self-employed) and address Date Fil Preparer's phone number If you are filing as a sole proprietor, is this for domestic (household) employment only? Image: Signature	Check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Taxable Wages (RT-6NF). RT-6 If you are filing as a sole proprietor, is this for domestic (household) employment only? 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 Title Preparer's signature of officer Date Preparer's signature Preparer's signature Firm's name (or yours in sign ddress) Date Firm's name (or yours in sign ddress) Date Firm's name (or yours in ddress) Do NOT Do NOT Date BerJACH Employer's Quarterly Report Payment Coupon													
Oblive the people for Out-or-State Taxable Wages (R1-birF). R1 = 6 domestic (household) employment only?	Outlaterly Heport for Out-of-State Taxable Wages (N1-6NF). K1 = 6 domestic (household) employment only? ves No 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). Title Phone () Fax () Fax () Sign here Signature of officer Date Preparer's signature Fax () Fax (,	filing as a solo pror			└──」 」 vr 「	[•	
ign here Title Signature of officer Date Phone (Fax (<th)< th=""> (((<!--</th--><th>bign here Signature of officer Preparer's Signature Preparer's signature Preparer's signature Firm's name (or yours) if self-employed) and address Date FEIN Date Preparer's SSN or PTIN Image: Self-employed or yours if self-employed or</th><th>Quarterly</th><th>y Report for Out-of-State 7</th><th>Taxable Wages (RT-6NF).</th><th>KI-6</th><th></th><th></th><th></th><th></th><th></th><th>Yes</th><th></th><th>lo</th></th)<>	bign here Signature of officer Preparer's Signature Preparer's signature Preparer's signature Firm's name (or yours) if self-employed) and address Date FEIN Date Preparer's SSN or PTIN Image: Self-employed or yours if self-employed or	Quarterly	y Report for Out-of-State 7	Taxable Wages (RT-6NF).	KI-6						Yes		lo	
ign here Signature of officer Date Phone Fax Fax I	Sign here Signature of officer Date Phone Fax		Under penalties of	perjury, I declare that I have read this re	turn and the facts stated in it are tru	e (sections 443.17	1(5), Florida Statutes).							
Signature of officer Date Phone () Preparer's signature Preparer's signature Preparer's signature Preparer's SSN or PTIN Preparer's SSN or PTIN I <	Signature of officer Date Phone Fax Fax Preparer's signature Preparer's signature Preparer's signature Preparer's SSN or PTIN Preparer's SSN or PTIN Preparer's SSN or PTIN Firm's name (or yours if self-employed) and address Date FEIN Image: Content of the self of the s	ian here				Title								
signature signature if self-employed SSN or PTIN I I I reparers nly If self-employed and address Date FEIN I	signature signature signature Find SSN or PTIN Image: SSN or PTIN Finds and eddress Date Fill Preparer's phone number Image: SSN or PTIN Image: SSN or PTIN Preparer's phone number Image: SSN or PTIN Image: SSN or PTIN Image: SSN or PTIN <th image:="" ssn<="" td=""><td>5</td><td>Signature of officer</td><td></td><td>Date</td><td>Phone</td><td>)</td><td></td><td>Fax</td><td>(</td><td></td><td>)</td><td></td></th>	<td>5</td> <td>Signature of officer</td> <td></td> <td>Date</td> <td>Phone</td> <td>)</td> <td></td> <td>Fax</td> <td>(</td> <td></td> <td>)</td> <td></td>	5	Signature of officer		Date	Phone)		Fax	()	
reparers nly Firm's name (or yours if self-employed) and address Date FEIN ZIP Preparer's phone number (Do NOT DO NOT	reparers inly Firm's name (or yours if self-employed) and address Date FEIN ZIP Preparer's phone number (DO NOT DETACH													
and address ZIP Preparer's phone number () DO NOT	and address ZIP Preparer's phone number () DO NOT DETACH TACH TO Preparer's () DO NOT DETACH	reparers			Date	FEIN								
	DETACH Employer's Quarterly Report Payment Coupon Employer's Quarterly Report Payment Coupon	nly				ZIP			()			
	le 73B-10.037 Employer's Quarterly Report Payment Coupon													
R. C		orida Depart												
				Make check payable to: Florida U.C	C. Fund	POS	STMARK OR HAND-D		DATE				L	
Initial Administrative Code R. (brida Department of Revenue COMPLETE and MAIL with your REPORT/PAYMENT. DOR USE ONLY	Please write your RT ACCOUNT NUMBER on check.	Т АССОИ	NT NO.		T-6		L		Dollar	·			Con	
T COMPLETE and MAIL with your REPORT/PAYMENT. Please write your RT ACCOUNT NUMBER on check. Make check payable to: Florida U.C. Fund R.C DOR USE ONLY POSTMARK OR HAND-DELIVERY DATE	Please write your RT ACCOUNT NUMBER on check. Make check payable to: Florida U.C. Fund POSTMARK OR HAND-DELIVERY DATE	E.I. NUMB	BER _						Dollar]				
R. C COMPLETE and MAIL with your REPORT/PAYMENT. Please write your RT ACCOUNT NUMBER on check. Make check payable to: Florida U.C. Fund POSTMARK OR HAND-DELIVERY DATE	Please write your RT ACCOUNT NUMBER on check. Make check payable to: Florida U.C. Fund T ACCOUNT NO. E.I. NUMBER				AMOUNT	ENCLOSED		」,└ (┘,∟ ┐┌╴				
R. C Prida 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 T ACCOUNT NO. R. C DOR USE ONLY DOSTMARK OR HAND-DELIVERY DATE	Please write your RT ACCOUNT NUMBER on check. Make check payable to: Florida U.C. Fund Postmark or HAND-DELIVERY DATE U.S. Dollars Cen GROSS WAGES (From Line 2 above.) AMOUNT ENCLOSED	ame	_		PAYMENT	FOR QUARTE		」•└──┘ └ │	![]					
TACCOUNT NO. COMPLETE and MAIL with your REPORT/PAYMENT. Please write your RT ACCOUNT NUMBER on check. Make check payable to: Florida U.C. Fund TACCOUNT NO. GROSS WAGES (From Line 2 above.) AMOUNT ENCLOSED (From Line 9b above.) PAYMENT FOR QUARTER R. C	Please write your RT ACCOUNT NUMBER on check. Make check payable to: Florida U.C. Fund POSTMARK OR HAND-DELIVERY DATE POSTMARK OR HAND-DELIVERY DATE POSTMARK OR HAND-DELIVERY DATE U.S. Dollars (From Line 2 above.) AMOUNT ENCLOSED (From Line 9b above.) PAYMENT FOR QUARTER	ailing ddress			Che	ck here if you a							mitte	
R. C Prida 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 RT-6 E.I. NUMBER GROSS WAGES (From Line 2 above.) AMOUNT ENCLOSED (From Line 9 b above.) PAYMENT FOR QUARTER ENDING MM/YY Check here if you are electing to Check here if you transmitter	T Please write your RT ACCOUNT NUMBER on check. Make check payable to: Florida U.C. Fund T ACCOUNT NO. E.I. NUMBER ame alling bdress	ity/St/ZIP			001/	tax dua in inat	allmonte		funda	alaatr	onion	lb z		



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

QUARTER ENDING EN	IPLOYER'S NAME		RT ACCOUNT	[NUMBER
10. EMPLOYEE'S SOCIAL SECURITY NUMBER	11. EMPLOYEE'S NAME (please print first twelve charac eight characters of first name in boxes)			VAGES PAID THIS QUARTER WAGES PAID THIS QUARTER each employee per calendar year is taxable.
	Last Name	12a.		
	First Name	Middle Initial 12b.		
	Last Name	12a.		
	Name	Initial 12b.		╘┓╻╘╴╘╴╘╴
	Last Name	12a.		
	First Name	Middle Initial 12b.		
	Last Name	12a.		
	First Name	Middle Initial 12b.	,	
		12a.		
		Middle		
		Initial 12b.		
	Last Name	12a.		
	First Name	Middle Initial 12b.		
		Midelle 12a.		┝┥╹┝┥┝┥┝
	First Name	Middle Initial 12b.		
	Last Name	12a.		
	First	Middle	· · ·	
		Initial 12b.		└────────
	13a. Total Gross Wages (add Lines 12a only). 1 Include this and totals from additional pag			
	13b. Total Taxable Wages (add Lines 12b only). Include this and totals from additional pag	Total this page only.	Í	

DO NOT

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** 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