



# Firm's Statement of Claimant's Work and Earnings

RTS-8  
R. 01/13  
Rule 73B-10.037  
Florida Administrative Code

Please Complete and Return Immediately

If you do not reply within five (5) days of the receipt of this form, the claimant's certification of wages will be used to determine eligibility and your account made liable for taxes on such wages.

1. Firm's Legal Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. R.T. Account No.:

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 Internet site 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.

3. Claimant's Name:

\_\_\_\_\_

4. SSN:

-  -

5. Nature of work performed:

\_\_\_\_\_

6. The above claimant has applied for benefits under the Florida reemployment assistance law (formerly unemployment compensation) and has named you as the employer during the time listed below:

The claimant states that work was performed from  to

7. What are the dates the worker performed services for you? Began

Ended

8. Are the claimant's name and social security number exactly as shown on your records?

Yes  No

If not, please provide name and/or SSN Name:

SSN:  -  -

9. Please list GROSS AMOUNTS actually paid to the claimant in each quarter in Florida:

QUARTER ENDING	YEAR	GROSS AMOUNT PAID
March 31		\$
June 30		\$
September 30		\$
December 31		\$

10. Was the claimant considered an independent contractor?

Yes (Complete the *Independent Contractor Analysis* (Form RTS-6061))

No (Item #11 must be completed)

11. Claimant \_\_\_\_\_

Name

\_\_\_\_\_ was an employee.

This certifies that the above wages were earned in covered employment and acknowledges liability for tax on such wages, unless otherwise indicated in item 10 above.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

FIRM'S REMARKS: