

Employer's Reemployment Tax Annual Report for Employers of Domestic Employees Only

RT-7 R. 10/17 TC Rule 73B-10.037 Florida Administrative Code Effective Date 10/17

Mail Reply To:

Reemployment Tax Florida Department of Revenue 5050 W Tennessee St Bldg L Tallahassee FL 32399-0180

Internet Address: www.floridarevenue.com

Instructions

Filing Reports – Every employer who is liable under the Florida reemployment assistance program law must file a report. Those having employees who perform domestic duties only, and have been approved by the Department for annual filing, may use this Annual Report for Employers of Domestic Employees Only (RT-7, formerly UCT-7) for this purpose. All others must use the Employer's Quarterly Report (RT-6, formerly UCT-6).

Reminder - The RT-7 MUST be submitted timely, even if no tax is due.

No Employment – A registered employer who had no employees or paid no wages during the year must still complete, sign and return the Employer's Annual Report. If you need to cancel your registration, call 850-488-6800.

Electronic Filing and Paying – The Department of Revenue offers the convenience of using our free and secure website to file and pay reemployment tax. To enroll, or get more information, go to the website at https://taxapps.floridarevenue.com/EEnrollment/. After you complete your electronic enrollment we will send you a User ID, PIN/Password, and instructions based on the filing/payment method you choose. Once you are set up to file/pay electronically, you will not receive paper reports from the Department. Please do not mail a paper report if you file electronically.

Due Date – The original report must be filed and the tax due paid, if applicable, no later than January 31st. If you are making your payment by EFT, you must initiate the payment by 5:00 p.m., ET, on the business day <u>prior</u> to January 31 for your payment to be considered timely. The report should only cover employment for the employer during the preceding calendar year.

Employer Changes/Adjustments – Addresses may be changed online or by completing and submitting an *Employer Account Change Form* (RTS-3, formerly UCS-3). This form is also used to report other changes to your account.

Certification/Signature – The report must be signed by (1) the employer, or (2) a responsible and duly authorized agent of the employer. Complete the paid preparer information, if applicable.

- Line 1 Enter the total number of covered full-time and part-time employees who performed domestic services during, or received pay for, the payroll period including the 12th of each month.
- Line 2 Enter the total GROSS WAGES paid for each quarter (before deductions), including salaries, commissions, bonuses, vacation and sick pay, back pay, awards, and the cash value of all remuneration paid in any medium other than cash. Tips and gratuities are wages when included by the employer to meet minimum wage requirements and/or when the employee receives and reports in writing to the employer \$20 or more per month. Gross wages should not include wage items specifically exempt per section 443.1217 (2)(b)-(g), Florida Statutes.
- Line 3 Enter the amount of EXCESS WAGES exceeding \$7,000 paid to each employee for each quarter. (Only the first \$7,000 paid to each employee per calendar year is subject to the Florida reemployment tax.) Wages reported to another state by the same employer for an employee should be considered when determining

excess wages.

- Line 4 Enter the total TAXABLE WAGES paid for each quarter (total all Line 13B entries from each page).
- Line 5 Enter the taxable wages paid for the year. Add the total of each quarter from Line 4 together.
- Line 6 Enter tax due. Multiply Line 5 by tax rate listed on page 1.
- Line 7 If this report is not filed by the Due Date listed on page 1, compute penalty of \$25 for each 30 days or fraction thereof that the report is late.
- Line 8 If tax due from Line 6 is not paid by January 31, interest is owed on tax due. Florida law provides a floating rate of interest for late payments of taxes and fees due. Interest rates, including daily rates, are published in Tax Information Publications that are updated semiannually on January 1 and July 1 each year and posted online at: https://revenuelaw.floridarevenue.com/Pages/Home.aspx
- Line 9 Enter the total amount of Lines 6, 7, and 8. Write your RT account number on your check. Make check payable to Florida U.C. Fund and enclose the check with this report. If less than \$1 is due, send this report with no payment.
- Line 10 Enter each employee's social security number (NINE digits Do not suppress the leading zeros). Every employee, regardless of age, is required to have a social security number. If the employee's social security number is not included, the first (up to) \$7,000 of wages on each quarter reported will be taxed at your reemployment tax rate.
- Line 11 Enter each employee's last name, first name, and middle initial.
- Line 12a Enter each employee's gross wages as defined in the instructions for Line 2, in the appropriate calendar quarter in which the wages were paid. Wages cannot be reported as a yearly total.

Line 12b - Enter each employee's taxable wages paid for each quarter.

EXAMPLE: John Doe, the only employee, earns \$3,000 per quarter.

His wages should be reported as shown:	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Gross Wages (Line 12a)	\$3,000	\$3,000	\$3,000	\$3,000
Excess Wages	\$0	\$0	\$2,000	\$3,000
Taxable Wages (Line 12b)	\$3,000	\$3,000	\$1,000	\$0

Line 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.

Line 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.

For assistance call 850-488-6800 or Go to www.floridarevenue.com

	Employ	yers of Domestic Empl	oyees uniy	RT-7 2. 10/17 Page 1
	e required to tile annua ENALTY AFTER DATE		of employment activity or whether any taxes are of	due.
CALENDAR YEAR ENDING DUE DATE PE	NALIY AFIER DAIE	TAX RATE	RT ACCOUNT NUMBER	
		Do not make a es to the pre-p information on if changes are request and co an Employer A Change Form (rinted this form. Inceeded, mplete popular FOR OFFICIAL USE ONLY POSTMARK DATE	
Name		ımber of full-time and part-time cove d including the 12th of the month.	red employees who performed services during, or received	pay for,
Address	First Qtr. Ending 3/3	1—I Fecond Qtr. Ending 6/30	☐ Third Qtr. Ending 9/30 ☐ Fourth Qtr. En	nding 12/31 -
City/St/ZIP	First Month		J ∐,∐∐∐ ∐,∐	
	econd Month		ı n'ana n'a	
	Third			
1	Month	الالولا لا	الالالالالالالالالالالالالالالالالالال	
			1	
2. Gross wages paid each quarter First Quarter Ending 3/31	Second Quarter Ending	6/30Third Quarter	Fending 9/30 Fourth Quarter Ending 12	/31
(enter total from all pages)				
(See instructions)	┸┩┩		────────────────────────────────	
4. Taxable wages for each quarter (enter total from all pages)	$\sqcap \sqcap_{-} \sqcap \sqcap \sqcap_{-}$			
5. Taxable wages for calendar year	Rata	6. Tax due (see in:	structions, multiply	
(see Line 4: A plus B plus C plus D = 5).	nate			
		7. Penalty due	see instructions)+	
	Make check payab	le to: 8. Interest due (see instructions)+	
	Florida U.C. Fund	9. Total amoun	t due	
		(Line 6 plus Line	7 plus Line 8)=	
Under penalties of perjury, I declare that I have read this return and the facts	stated in it are true (section	443.131(1) Florida Statutes).	Date	
Sign here Signature of employer	Title	•	Phone ()	
Preparer's signature			Preparer's SSN or PTIN	
Paid preparers Firm's name (or yours		Date	FEIN	+
Only if self-employed) and address			Preparer's phone	\dashv
		ZIP	number ()	
Employer's Reemployment Tax Annual Report for E	mplovers of Do	mestic Employees On	DO NOT DETACH	RT-7
				. 10/17
Florida Department of Revenue COMPLETE and MAIL with your REPORT.				
Please write your RT ACCOUNT NUMBER Be sure to SIGN YOUR CHECK.	Y on check.	DOR	USE ONLY	
Make check payable to: Florida U.C. Fu	<u>nd</u>			
RT ACCOUNT NO.		POSTMARK O	R HAND DELIVERY DATE	
F.E.I. NUMBER				
			US Dollars Cents	
Name	AMOUNT E	NCLOSED		
Address				
City/St/ZIP	PAYMENT F CALENDAR	1 11 11		
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I	*** /		s electronically.	

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Florida Department of Revenue Employer's Reemployment Tax Annual Report for Employers of Domestic Employees Only WAGES SCHEDULE OF DOMESTIC EMPLOYEES (additional page)

CALENDAR YEAR ENDING EMPLOYER'S NAME CALENDAR YEAR ENDING FEL NUMBER FEL NUMBER	12a. EMPLOYEE'S GROSS WAGES PAID EACH QUARTER 12b. EMPLOYEE'S TAXABLE WAGES PAID EACH QUARTER -	GROSS WAGES PAID EACH QUARTER ENDING 9/30 FOURTH QUARTER ENDING 9/30 FOURTH QUARTER ENDING 12/31 THIRD QUARTER ENDING 9/30 FOURTH QUARTER ENDING 12/31	12b. TAXABLE WAGES PAID EACH OUAPTER TAYABLE WAGES PAID EACH OUA	GROSS WAGES PAID EACH QUARTER ENDING 9/20 THIRD QUARTER ENDING 9/20 FOURTH QUARTER ENDING 12/31	12b. TOTAL DE LA COLONIA DE LA CHOLONIA DEL CHOLONIA DE LA CHOLONIA DEL CHOLONIA DE LA CHOLONIA DEL CHOLONIA DE	GROSS WAGES PAID EACH QUARTER ENDING 9/30 FOURTH QUARTER ENDING 9/30 FOURTH QUARTER ENDING 12/31	12b.	GROSS WAGES PAID EACH QUARTER FIRST QUARTER ENDING 3/31 SECOND QUARTER ENDING 6/30 THIRD QUARTER ENDING 12/31 79a.		GROSS WAGES PAID EACH QUARTER ENDING 9/30 FOURTH QUARTER ENDING 9/30 FOURTH QUARTER ENDING 12/31	12b.	Enter the total of all Line 12a. entries from above for First Quarter Ending 3/31 above for Second Quarter Ending 6/30 above for Third Quarter Ending 9/30 above for First Quarter Ending 9/30 above for Fourth Quarter Ending 12/31 above for Second Quarter Ending 6/30 above for Third Quarter Ending 9/30 above for Fourth Quarter Ending 12/31 above for Fourth Quarter Ending 12	Enter the total of all Line 12b, entries from above for Second Quarter Ending 6/30 above for Trist Quarter Ending 3/31 above for Second Quarter Ending 6/30 above for Trist Quarter Ending 9/30 above for Fourth Quarter Ending 12/31 above for Fourth Quarter Endin
40 EMBLOVEE'S SOCIAL SECLIBITY NI IMABED	11. EMPLOYEE'S NAME (Please print first twelve characters of last name, first eight characters of first name and middle infital in boxes.)	SOCIAL SECURITY NUMBER 1	Last Name First Middle Name Initial	EMPLOYEE SOCIAL SECURITY NUMBER 2	Last Name First Name Ninitial	EMPLOYEE SOCIAL SECURITY NUMBER	Last Name Middle Middle Name Name Name Name Name Name Name Nam	SOCIAL SECURITY NUMBER	Last Name First Name Ninitial	SOCIAL SECURITY NUMBER	Last Name First Name Initial	13a. TOTAL GROSS WAGES EACH QUARTER THIS PAGE INCLUDE IN LINE 2 ON PAGE 1	13b. TOTAL TAXABLE WAGES EACH QUARTER THIS PAGE INCLUDE IN LINE 4 ON PAGE 1

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Florida Department of Revenue Employer's Reemployment Tax Annual Report for Employers of Domestic Employees Only WAGES SCHEDULE OF DOMESTIC EMPLOYEES (additional page)

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RT ACCOUNT NUMBER	FEI. NUMBER	FOURTH QUARTER ENDING 12/31			FOURTH QUARTER ENDING 12/31			FOURTH QUARTER ENDING 12/31				FOURTH QUARTER ENDING 12/31			FOURTH QUARTER ENDING 12/31			Enter the total of all Line 12a, entries from above for Fourth Quarter Ending 12/31	Enter the total of all Line 12b. entries from above for Fourth Quarter Ending 12/31
RT ACC	F.E.I. N EMPLOYEE'S TAXABLE WAGES PAID EACH QUARTER	ID EACH QUARTER THIRD QUARTER ENDING 9/30		WAGES PAID EACH QUARTER	ID EACH QUARTER THIRD QUARTER ENDING 9/30			ID EACH QUARTER THIRD QUARTER ENDING 9/30				ID EACH QUARTER THIRD QUARTER ENDING 9/30			ID EACH QUARTER THIRD QUARTER ENDING 9/30		ID EACH QUARTER	Enter the total of all Line 12a, entries from above for Third Quarter Ending 9/30	Enter the total of all Line 12b. entries from above for Third Quarter Ending 9/30
EMPLOYER'S NAME	12b.	OND QUARTER		TAXABLE WAGES PA	GROSS WAGES PAID EACH QUARTER ENDING 9/30 SECOND QUARTER ENDING 9/30		TAXABLE WAGES FAID EACH QUARTER	GROSS WAGES PAID EACH QUARTER SECOND QUARTER ENDING 6/30		TAXABLE WAGES PAID EACH QUARTER		GROSS WAGES PAID EACH QUARTER ENDING 8/30 THIRD QUARTER ENDING 8/30		TAXABLE WAGES PAID EACH OUARTER	GROSS WAGES PAID EACH QUARTER SECOND QUARTER ENDING 6/30 THIRD QUARTER ENDING 6/30		TAXABLE WAGES PAID EACH QUARTER	Enter the total of all Line 12a, entries from above for Second Quarter Ending 6/30	Enter the total of all Line 12b. entries from above for Second Quarter Ending 6/30
CALENDAR YEAR ENDING	12a. EWPLOYEE'S GROSS WAGES PAID EACH QUARTER	FIRST Q	12a.	12b.	FIRST QUARTER ENDING 3/31	12a.	12b.	HRST QUARTER ENDING 3/31	12a.			FIRST QUARTER ENDING 3/31		12b.	FIRST QUARTER ENDING 3/31	12a.	12b.	Enter the total of all Line 12a, entries from above for First Quarter Ending 3/31	Enter the total of all Line 12b, entries from above for First Quarter Ending 3/31
L RT-7	10. EMPLOYEE'S SOCIAL SECURITY NUMBER 11. EMPLOYEE'S NAME (Please print first twelve characters of last name, first	eight Characters of It's harter and middle innan in Doxes.) SOCIAL SECURITY NUMBER		Name First Middle Initial	SOCIAL SECURITY NUMBER		Name Middle Initial	SOCIAL SECURITY NUMBER	1	Last Name Name	First Middle Name Initial	SOCIAL SECURITY NUMBER		Name First	SOCIAL SECURITY NUMB		Name Middle Middle Mittal	13a. TOTAL GROSS WAGES EACH QUARTER THIS PAGE INCLUDE IN LINE 2 ON PAGE 1	13b. TOTAL TAXABLE WAGES EACH QUARTER THIS PAGE INCLUDE IN LINE 4 ON PAGE 1

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.floridarevenue.com and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.