



Correction to Employer's Quarterly or Annual Domestic Report

RT-8A
R. 06/21
Rule 73B-10.037, F.A.C.
Effective 07/21

RT Account Number	F.E.I. Number	Correction to Reporting Period Ending
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Employer's Name: _____ Street Address: _____ City: _____ State: _____ ZIP: _____

Check box that applies*:

- Response to RT-FL04A Letter (28)
 Response to RT-FL13A Letter (30)
 SSN Correction (31)

- Exempt-Cafeteria Plan (42)
 Modify Tips Reported (47)
 Modify Educational Wages (48)

- Other (49) _____

* If more than one box applies or if your reason is not listed, please check "Other" and list the reason(s) on the blank lines. **Numbers in parentheses are for Internal Use Only.**

	Original Wages Reported			Corrected Wages Reported				
	3. Gross Wages	4. Taxable Wages	5. Out-of-State Taxable Wages Year-to-Date	6. Education Wages	7. Gross Wages	8. Taxable Wages	9. Out-of-State Taxable Wages Year-to-Date	10. Education Wages
1. Employee's Social Security Number								
2. Employee's Name (Last, First, Middle)								
1. -- --	3.	4.	5.	6.	7.	8.	9.	10.
2. -- --	3.	4.	5.	6.	7.	8.	9.	10.
1. -- --	3.	4.	5.	6.	7.	8.	9.	10.
2. -- --	3.	4.	5.	6.	7.	8.	9.	10.
1. -- --	3.	4.	5.	6.	7.	8.	9.	10.
2. -- --	3.	4.	5.	6.	7.	8.	9.	10.
Totals (this page)								
Totals (all pages)								

Complete reverse side if additional lines are needed.

Under penalties of perjury, I declare that I have read this corrected return and that the facts stated in it are true.

Signature: _____ Phone No. () _____
 Title: _____ Date: _____
 Make check payable to **Florida U.C. Fund** \$ _____

11. If this information changes the figures on your original report please complete the section below.

Item	A. Amounts Originally Reported on () RT-6, () RT-7, or () Previous RT-8A	B. Corrected Wages	C. Difference
Gross Wages			
Excess Wages			
Taxable Wages			
Tax Due			

See page 3 for complete instructions and payment coupon



		Original Wages Reported				Corrected Wages Reported			
		3. Gross Wages	4. Taxable Wages	5. Out-of-State Taxable Wages Year-to-Date	6. Education Wages	7. Gross Wages	8. Taxable Wages	9. Out-of-State Taxable Wages Year-to-Date	10. Education Wages
1.	Employee's Social Security Number	3.	4.	5.	6.	7.	8.	9.	10.
2.	Employee's Name (Last, First, Middle)	3.	4.	5.	6.	7.	8.	9.	10.
1.	1. — — —	3.	4.	5.	6.	7.	8.	9.	10.
2.		3.	4.	5.	6.	7.	8.	9.	10.
1.	1. — — —	3.	4.	5.	6.	7.	8.	9.	10.
2.		3.	4.	5.	6.	7.	8.	9.	10.
1.	1. — — —	3.	4.	5.	6.	7.	8.	9.	10.
2.		3.	4.	5.	6.	7.	8.	9.	10.
1.	1. — — —	3.	4.	5.	6.	7.	8.	9.	10.
2.		3.	4.	5.	6.	7.	8.	9.	10.
1.	1. — — —	3.	4.	5.	6.	7.	8.	9.	10.
2.		3.	4.	5.	6.	7.	8.	9.	10.
1.	1. — — —	3.	4.	5.	6.	7.	8.	9.	10.
2.		3.	4.	5.	6.	7.	8.	9.	10.
1.	1. — — —	3.	4.	5.	6.	7.	8.	9.	10.
2.		3.	4.	5.	6.	7.	8.	9.	10.
1.	1. — — —	3.	4.	5.	6.	7.	8.	9.	10.
2.		3.	4.	5.	6.	7.	8.	9.	10.
1.	1. — — —	3.	4.	5.	6.	7.	8.	9.	10.
2.		3.	4.	5.	6.	7.	8.	9.	10.
Totals (this page)		3.	4.	5.	6.	7.	8.	9.	10.
Totals from this page should be included in									
Totals (all pages) 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 Internet site at floridarevenue.com/privacy for more information regarding the collection, use, or release of SSNs, including authorized exceptions.

Correction to Employer's Quarterly or Annual Domestic Report Instructions

This form (RT-8A) is used to correct errors made on the originally submitted:

- Employer's Quarterly Report (RT-6)
- Quarterly Report for Out-of-State Taxable Wages (RT-6NF)
- Annual Report for Employers of Domestic Employees Only (RT-7)
- Employer's Quarterly Report for Employees Contracted to Governmental or Nonprofit Educational Institutions (Form RT-6EW)

Annual filers will need to complete one RT-8A for each quarter being corrected.

Corrections to an Employer's Quarterly Report may be made online by using the Department's File and Pay webpage. If you are required to file and pay reemployment tax electronically, you are also required to correct your prior returns electronically and should not submit this form.

Please complete the information at the top of page 1 and check the box that states your reason(s) for making the correction. If more than one box applies or if your reason is not listed, please check "Other" and list the reason(s) on the blank lines.

Items 1 and 2 – Enter the social security number (SSN) and name as reported on the original report, RT-6, RT-6NF, RT-7, or RT-6EW.

Correcting employee SSN or name – If you are correcting the employee SSN or name:

- include the exact information from the original report,
- indicate on the next line that this is a "SSN change" or "name change", and
- list the corrected information on the line below.

Item 3 – Enter the employee Gross Wages as reported on the original RT-6, RT-7, or previous RT-8A reports.

Item 4 – Enter the employee Taxable Wages as reported on the original RT-6, RT-7, or previous RT-8A reports.

Item 5 – Enter the employee Out-of-State Taxable Wages as reported on the original RT-6NF

Item 6 – Enter the employee Education Wages as entered on the original RT-6EW.

Item 7 – Enter the employee corrected Gross Wages as it should be on the RT-6 or RT-7.

Item 8 – Enter the employee corrected Taxable Wages as it should be on the RT-6 or RT-7.

Item 9 – Enter the employee corrected Out-of-State Taxable Wages as it should be on the RT-6NF.

Item 10 – Enter the employee corrected Education Wages as it should be on the RT-6EW.

Item 11 –

Column A - Amounts Originally Reported on RT-6, RT-7 or Previous RT-8A, must be equal to the amounts that were entered on the original RT-6, RT-7, or previous RT-8A reports for the total gross wages, excess wages, taxable wages, and tax due for the reporting quarter being corrected.

Column B - Corrected Amounts for RT-6 or RT-7, should equal the new total gross wages, excess wages, taxable wages, and tax due as it should be recorded for the reporting quarter being corrected.

Column C - Difference, is the net change to the total gross wages, excess wages, taxable wages, and tax due between the corrected amount (Column B) and what was originally reported (Column A). The column will also indicate either the amount of the credit or the amount of additional tax due.

Payment Coupon Completion Instructions –

Complete the payment coupon even if you do not owe any additional tax.

Write the seven-digit RT account number in the "Account No." box.

Enter the federal employer identification number in the "F.E.I. Number" box.

Enter the employer's legal entity name and mailing address in the space provided.

Enter the additional tax due in the "Amount Enclosed" field. If the individual wage corrections result in a credit, any applicable refund will be sent to you.

Enter the two-digit month and year of the quarter for which you are reporting changes:

Month	Year
March 31 = 03	2018 = 18
June 30 = 06	2017 = 17
September 30 = 09	2016 = 16
December 31 = 12	2015 = 15

Make check payable to **Florida U.C. Fund**.

Mail the original completed form and coupon along with any remittance due to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0180

Need Assistance? To speak with a Department of Revenue representative, call Taxpayer Services, Monday through Friday, excluding holidays, at 850-488-6800.

IMPORTANT

Complete pages 1 and 2 for corrections to the Employer's Quarterly or Annual Domestic Report. Return completed form and coupon, even if you don't owe any additional tax, to the Department.

DO NOT DETACH

Correction to Employer's Quarterly or Annual Domestic Report Payment Coupon

Florida Department of Revenue

COMPLETE and MAIL with your REPORT/PAYMENT.
Please write ACCOUNT NUMBER on your check.
Be sure to SIGN YOUR CHECK.
Make check payable to: **Florida U.C. Fund**

T

ACCOUNT NO.

F.E.I. NUMBER -

Name
Address
City/St/ZIP

DOR USE ONLY

/ /
POSTMARK OR HAND DELIVERY DATE

AMOUNT ENCLOSED US Dollars Cents

PAYMENT FOR QUARTER ENDING MM/YY -

RT-8A

Check here if you transmitted funds electronically.