STATE OF _____

Employer's Return of State Income Tax Withheld

EMPLOYER IDENTIFICATION & REPORTING PERIOD

Employer Name

Trade Name (DBA)

Federal Employer ID Number (FEIN)

State Tax Account Number

Tax Year

Street Address

City, State, ZIP Code

Reporting Period (e.g., Q1, Month 05)

Period Start Date

Period End Date

TAX CALCULATION

Line	Tax Computation Details	Amount ($)
1	Total Gross Wages Paid This Period	
2	Total State Income Tax Withheld This Period	
3	Adjustments to Prior Periods (if any)	
4	Net Tax Due (Line 2 plus/minus Line 3)	
5	Interest (if applicable)	
6	Penalty (if applicable)	
7	**Total Amount Due / Remitted (Sum of Lines 4, 5, and 6)**	

DECLARATION AND SIGNATURE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Authorized Signature

_____

Title

_____

Date

Printed Name

Phone Number

Email Address
