

FORM APTR-1 Annual Payroll Tax Return	ANNUAL EMPLOYER PAYROLL TAX RETURN For Employers with Annual Liability	TAX YEAR 20 _____
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Employer Identification Number (EIN): <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div>	Legal Name of Employer: _____ Address (Number, Street, Apt/Suite): _____ _____ _____ City State ZIP Code
Trade Name (doing business as): _____	

Read instructions before completing. Type or print clearly in black ink. Complete all lines. If a line does not apply, leave it blank.

PART 1: TAXABLE WAGES & EMPLOYEE COUNTS		
Line	Description	Amount / Count
1	Total number of employees paid during the calendar year	
2	Total wages, tips, and other compensation paid to employees	
3	Exempt wages (wages paid in excess of taxable wage base limit)	
4	Total taxable wages (Subtract Line 3 from Line 2)	

PART 2: TAX CALCULATION			
Line	Tax Calculation Steps	Rate / Base	Tax Amount
5	Gross payroll tax (Multiply Line 4 by tax rate)	%	
6	Tax credits or approved incentive reductions (if applicable)		
7	Total net payroll tax liability (Subtract Line 6 from Line 5)		

PART 3: PAYMENTS, DEPOSITS, AND BALANCE DUE		
Line	Description	Amount
8	Total tax deposits/prepayments made for the tax year	
9	Balance Due (If Line 7 is greater than Line 8, subtract Line 8 from Line 7)	
10	Overpayment (If Line 8 is greater than Line 7, subtract Line 7 from Line 8)	
11	Apply overpayment to next year's return (Check box) <input type="checkbox"/>	Or Refund <input type="checkbox"/>

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.

Employer Signature: _____	Date: _____
Printed Name: _____	Title: _____
Phone Number: _____	Email: _____

