

EMPLOYER'S QUARTERLY FEDERAL RECORD / RETURN

Social Security and Medicare Taxes Template

EMPLOYER IDENTIFICATION & ADDRESS

Employer Identification Number (EIN)

Trade Name (if any)

Legal Name

Address (Number, Street, Apt or Suite no.)

City, State, and ZIP Code

Country (if outside US)

REPORT PERIOD & DATE

Tax Year

Select Quarter (Check only one)

Q1: Jan, Feb, Mar

Q2: Apr, May, Jun

Q3: Jul, Aug, Sep

Q4: Oct, Nov, Dec

Date Filed

Part 1: Social Security and Medicare Tax Calculations

No.	Taxable Category	Column 1 (Wages, Tips, Compensation)	Column 2 (Rate)	Column 3 (Tax)
1	Total number of employees active during the payperiod		-	-
2	Total wages, tips, and other compensation paid		-	-
3a	Taxable Social Security wages		x 12.4% (0.124)	
3b	Taxable Social Security tips		x 12.4% (0.124)	
4a	Taxable Medicare wages and tips		x 2.9%(0.029)	

No.	Taxable Category	Column 1 (Wages, Tips, Compensation)	Column 2 (Rate)	Column 3 (Tax)
4b	Taxable wages & tips subject to Additional Medicare Tax		x 0.9%(0.009)	
5	Total Social Security and Medicare taxes before adjustments	-	-	

Part 2: Adjustments, Deposits, and Balance Due

No.	Description	Amount
6	Current quarter's adjustment for fractions of cents	
7	Current quarter's adjustment for sick pay	
8	Current quarter's adjustments for group-term life insurance	
9	Total Taxes after Adjustments (Combine Line 5 through Line 8)	
10	Total deposits made for this quarter	
11	Balance Due (If Line 9 is greater than Line 10)	
12	Overpayment (If Line 10 is greater than Line 9)	

SIGN HERE: UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

Employer Signature

Title

Date

Print Name

Best Daytime Phone

Email Address