

# EMPLOYER'S QUARTERLY TAX RETURN

Medicare and Social Security Taxes

Tax Year:

Quarter Ending:

EMPLOYER IDENTIFICATION NUMBER (EIN)

TRADE NAME (IF ANY)

LEGAL NAME

ADDRESS (NUMBER, STREET, APT OR SUITE NO.)

CITY, STATE, AND ZIP CODE

Report for the Calendar Quarter:

Q1 (Jan - Mar)

Q2 (Apr - Jun)

Q3 (Jul - Sep)

Q4 (Oct - Dec)

## PART 1: SOCIAL SECURITY AND MEDICARE TAX CALCULATIONS

Line	Tax Computation Description	Computation / Rate	Amount
1	Number of employees who received wages, tips, or other compensation in this quarter		
2	Total wages, tips, and other compensation paid this quarter		
3	Taxable Social Security wages	x 12.4% (0.124)	
4	Taxable Social Security tips	x 12.4% (0.124)	
5	Taxable Medicare wages and tips	x 2.9% (0.029)	
6	Taxable wages & tips subject to Additional Medicare Tax withholding	x 0.9% (0.009)	
7	<b>Total Social Security and Medicare taxes</b> (Add Lines 3, 4, 5, and 6)		
8	Adjustments (Fraction of cents, sick pay, group-term life insurance)	(+ / -)	
9	<b>Total Taxes After Adjustments</b> (Combine Lines 7 and 8)		
10	Total deposits made for this quarter (including overpayments applied)		
11	<b>Balance Due</b> (If Line 9 is greater than Line 10, enter difference)		
12	<b>Overpayment</b> (If Line 10 is greater than Line 9, enter difference)		

## PART 2: SIGN AUTHORITY 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.

**SIGNER'S SIGNATURE**

TITLE

DATE

PRINT NAME

BEST DAYTIME PHONE

PIN (IF APPLICABLE)