

EMPLOYER'S ANNUAL / QUARTERLY PAYROLL TAX RETURN

Corporate Tax Division

EMPLOYER IDENTIFICATION & ADDRESS

Legal Name of Corporation

Trade Name (If different)

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

City, State, and ZIP Code

Employer Identification Number (EIN)

TAX PERIOD

Tax Year

Select Quarter

- Q1
 Q2
 Q3
 Q4

No.	Tax Calculation Summary	Amount
1	Number of employees who received wages, tips, or other compensation	
2	Total wages, tips, and other compensation paid	
3	Total income tax withheld from wages, tips, and other compensation	
4	Taxable social security wages	
5	Taxable social security tips	
6	Taxable Medicare wages and tips	
7	Total social security and Medicare taxes (Sum of lines 4, 5, and 6)	
8	Total taxes before adjustments (Sum of lines 3 and 7)	
9	Adjustments (Sick pay, group-term life insurance, etc.)	
10	Total taxes after adjustments (Line 8 plus or minus Line 9)	
11	Total deposits / payments made for this tax period	
12	Balance due (If line 10 is more than line 11, enter difference)	
13	Overpayment (If line 11 is more than line 10, enter difference)	

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.

Signature of Authorized Officer

Title

Date

Print Name

Daytime Phone Number

ENSSN of Signatory