

FEDERAL INSURANCE CONTRIBUTIONS ACT (FICA) RETURN

Employer's Quarterly Federal Tax Return Template

EMPLOYER NAME:

TRADE NAME:

ADDRESS:

CITY, STATE, ZIP:

EMPLOYER ID NUMBER (EIN):

CALENDAR QUARTER:

TAX YEAR:

DATE QUARTER ENDED:

PART 1: SOCIAL SECURITY AND MEDICARE TAX CALCULATIONS

TAX CATEGORY	TAXABLE WAGES / TIPS	TAX RATE	TOTAL TAX LIABILITY
1. Social Security Tax (Taxable wages)		x 12.4% (0.124)	
2. Social Security Tips (Taxable tips)		x 12.4% (0.124)	
3. Medicare Tax (Taxable wages & tips)		x 2.9% (0.029)	
4. Additional Medicare Tax (Wages & tips > \$200,000)		x 0.9% (0.009)	
5. Total FICA Taxes Before Adjustments (Add lines 1 through 4)			

PART 2: ADJUSTMENTS AND SUMMARY

6. Adjustments (Fractions of cents, sick pay, group-term life insurance)	
7. Total FICA Taxes After Adjustments (Combine lines 5 and 6)	
8. Total Deposits/Payments Made for Quarter (Including overpayments applied)	
9. Balance Due (If line 7 is more than line 8, subtract line 8 from line 7)	
10. Overpayment (If line 8 is more than line 7, subtract line 7 from line 8)	

PART 3: CERTIFICATION AND SIGNATURES

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

PRINT NAME

DATE

TITLE

BEST DAYTIME PHONE

EMAIL ADDRESS