PAID FAMILY AND MEDICAL LEAVE (PFML) RETURN

Quarterly Contribution Return Template

EMPLOYER INFORMATION

Employer Legal Name	**Federal Employer Identification Number (FEIN)**
Mailing Address	**State Employer ID Number**
Contact Person Name & Title	**Contact Phone Number / Email**

FILING PERIOD

Calendar Year	**Quarter (Q1, Q2, Q3, Q4)**	**Due Date**

SUMMARY OF WAGES & CONTRIBUTIONS

Category	**Subject Wages**	**Rate (%)**	**Contribution Due**
1. Medical Leave Contribution			
a. Employer Share			
b. Employee Share			
2. Family Leave Contribution			
a. Employer Share			
b. Employee Share			
3. Total PFML Contribution Due (Sum of 1a, 1b, 2a, 2b)			
4. Interest / Penalties (If applicable)			
5. Total Amount Remitted			

EMPLOYEE DETAILS SUMMARY

Employee SSN	**First Name**	**Last Name**	**Total Subject Wages**	**Medical Share Witheld**	**Family Share Witheld**

Employee SSN	First Name	Last Name	Total Subject Wages	Medical Share Witheld	Family Share Witheld

CERTIFICATION & SIGNATURE

I hereby certify under the penalties of perjury that I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Authorized Signature

Date

Print Name and Title

Contact Telephone