DEPARTMENT OF REVENUE

State Income Tax Administration

FORM SIT-Q

Quarterly State Withholding Return

BUSINESS NAME

ADDRESS

CITY, STATE, ZIP

FEDERAL EIN

STATE TAX ID

TAX QUARTER / YEAR

WITHHOLDING TAX COMPUTATION		
LINE	**TAX COMPUTATION DETAILS**	**AMOUNT**
1	Total gross wages paid this quarter	
2	Wages subject to state withholding tax	
3	Total state income tax withheld this quarter	
4	Adjustments to prior quarters (attach explanation)	
5	**Total tax liability** (Line 3 plus or minus Line 4)	
6	Total withholding deposits made for this quarter	
7	**Tax due** (If Line 5 is greater than Line 6, subtract Line 6 from Line 5)	
8	Interest and penalties (if applicable)	
9	**Total amount due** (Add Line 7 and Line 8)	
10	**Overpayment** (If Line 6 is greater than Line 5, subtract Line 5 from Line 6)	

DECLARATION 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

TITLE

DATE

PREPARER'S SIGNATURE (IF OTHER THAN TAXPAYER)

PHONE NUMBER

PREPARER'S PTIN