

STATE DEPARTMENT OF REVENUE

Payroll Expense Tax Return Worksheet

TAX YEAR: _____

| | | | |
|----------------------------|--|------------------------------|--|
| Legal Name | | | |
| Trade Name (DBA) | | | |
| Street Address | | | |
| City, State, Zip | | | |
| Federal EIN | | State Tax Account No. | |
| Tax Period (Qtr/Yr) | | Due Date | |

| Part I: Taxable Payroll Expense Calculation | | |
|---|--|--------|
| Line | Payroll Details | Amount |
| 1 | Total gross payroll paid to all employees during the tax period | ..... |
| 2 | Portion of payroll paid for services performed outside the taxing jurisdiction | ..... |
| 3 | Subject Payroll Expense (Subtract Line 2 from Line 1) | ..... |
| 4 | Allowable exclusions or exemptions (Refer to instructions) | ..... |
| 5 | Net Taxable Payroll Expense (Subtract Line 4 from Line 3) | ..... |

| Part II: Tax Computation | | |
|--------------------------|---|-------|
| 6 | Net Taxable Payroll Expense (From Line 5) | ..... |
| 7 | Tax Rate | ..... |
| 8 | Gross Tax Due (Multiply Line 6 by Line 7) | ..... |
| 9 | Less: Tax Credits (Attach supporting documentation) | ..... |
| 10 | Net Tax Due (Subtract Line 9 from Line 8) | ..... |
| 11 | Penalty (For late filing or late payment) | ..... |
| 12 | Interest (Calculated on unpaid balance) | ..... |
| 13 | Total Amount Due (Add Lines 10, 11, and 12) | ..... |

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

Printed Name

Phone Number

Email Address