

# CORPORATE PAYROLL TAX RETURN

Annual / Quarterly Tax Declaration Form

TAX PERIOD

## SECTION 1: EMPLOYER IDENTIFICATION

Company Legal Name			
Trade Name (DBA)			
Federal Employer ID (FEIN)		State Tax ID Number	
Physical Address			
City, State, Zip Code			
Contact Person		Telephone Number	

## SECTION 2: TAX CALCULATION AND LIABILITY

LINE	TAX CLASSIFICATION / DESCRIPTION	TAXABLE WAGES	TAX RATE (%)	TAX DUE AMOUNT
1	Social Security Tax (Employer Portion)		6.20%	
2	Social Security Tax (Employee Withheld)		6.20%	
3	Medicare Tax (Employer Portion)		1.45%	
4	Medicare Tax (Employee Withheld)		1.45%	
5	Federal Income Tax Withheld			
6	Federal Unemployment Tax (FUTA)		0.60%	
7	State Unemployment Insurance (SUI)			
8	<b>Total Tax Liability (Sum of lines 1 to 7)</b>			
9	Less: Total Deposits Made for the Period			
10	<b>Net Balance Due (Subtract line 9 from line 8)</b>			
11	<b>Overpayment (If line 9 is greater than line 8)</b>			

## SECTION 3: SIGNATURES AND DECLARATION

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.

Signature:

Date:

Print Name:

Title:

### For Paid Preparer Use Only

Preparer's Name:

PTIN:

Firm's Name:

Phone:

Please ensure all fields are verified against your internal corporate payroll registers prior to submission. Retain a copy of this return and supporting documents for audit purposes.

