

PAYROLL EXPENSE TAX RETURN

Department of Revenue & Taxation

Tax Year:	Reporting Period (Quarter/Month):
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EMPLOYER INFORMATION	
Legal Name of Business:	
Federal Employer Identification Number (FEIN):	Local Business License Number:
Mailing Address (Street, City, State, ZIP):	
Contact Person:	Email Address / Phone Number:

TAX COMPUTATION TABLE		
No.	Taxable Payroll Expense Category	Amount / Calculation
1.	Total Gross Payroll & Compensation Paid to Employees	
2.	Less: Exempt Compensation (provide authorization/details if required)	
3.	Taxable Payroll Expense (Line 1 minus Line 2)	
4.	Tax Rate (%)	
5.	Gross Payroll Tax Due (Line 3 multiplied by Line 4)	
6.	Interest (if applicable)	
7.	Penalty (if applicable)	
8.	Total Amount Due (Sum of Lines 5, 6, and 7)	

Declaration and Signature	
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	Date
_____	_____
Print Name & Title	Telephone Number