

# SOCIAL SECURITY AND MEDICARE TAX RETURN

Annual/Quarterly Filing Template

EMPLOYER/FILER NAME

TRADE NAME (IF ANY)

ADDRESS (NUMBER, STREET, APT/SUITE)

CITY, STATE, AND ZIP CODE

EMPLOYER IDENTIFICATION NUMBER (EIN)

TAX PERIOD (QUARTER/YEAR)

CALENDAR YEAR

## PART 1: SOCIAL SECURITY TAX CALCULATION

Taxable Category	Total Wages / Tips	Rate	Tax Amount
1. Taxable Social Security Wages	<input type="text"/>	12.4%	<input type="text"/>
2. Taxable Social Security Tips	<input type="text"/>	12.4%	<input type="text"/>
3. Total Social Security Tax (Add Line 1 and Line 2)			<input type="text"/>

## PART 2: MEDICARE TAX CALCULATION

Taxable Category	Total Wages / Tips	Rate	Tax Amount
4. Taxable Medicare Wages and Tips	<input type="text"/>	2.9%	<input type="text"/>
5. Additional Medicare Tax Subject to Withholding	<input type="text"/>	0.9%	<input type="text"/>
6. Total Medicare Tax (Add Line 4 and Line 5)			<input type="text"/>

## PART 3: SUMMARY OF TAXES AND PAYMENTS

<b>7. Total Social Security and Medicare Taxes (Add Line 3 and Line 6)</b>	<input type="text"/>
8. Adjustments (Fractions of Cents, Sick Pay, Group-Term Life Insurance)	<input type="text"/>
<b>9. Total Taxes After Adjustments</b>	<input type="text"/>
10. Total Deposits/Payments Made for the Period	<input type="text"/>
<b>11. Balance Due (If Line 9 is greater than Line 10, enter difference)</b>	<input type="text"/>
<b>12. Overpayment (If Line 10 is greater than Line 9, enter difference)</b>	<input type="text"/>

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**SIGN HERE (AUTHORIZED SIGNATURE)**

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**TITLE**

**DATE**