

EMPLOYER IDENTIFICATION & ADDRESS

Employer Identification Number (EIN): _____

Trade Name (if any): _____

Legal Name: _____

Address: _____

City, State, and ZIP Code: _____

TYPE OF RETURN (CHECK ONE)

- Regular Annual Return
- Amended Return
- Final Return (Closed Business)
- Successor Employer

PART 1: TAXABLE WAGES AND LIABILITY CALCULATIONS

Line	Taxable Wage Category	Total Wages Paid	Tax Liability
1	Total compensation paid to employees during the calendar year		
2	Wages exempt from Federal Social Security tax		
3	Wages subject to Social Security tax (Line 1 minus Line 2)		
4	Wages subject to Medicare tax (Total compensation)		
5	Wages subject to Federal Unemployment (FUTA) tax		
6	State unemployment insurance (SUI) taxable wages		
7	Total Federal Income Tax withheld from employee wages		
8	Total Payroll Tax Liability (Sum of lines 3 through 7 in Tax Liability column)		<input type="text"/>

PART 2: DEPOSITS AND PAYMENTS MADE FOR THE TAX YEAR

Line	Description	Amount
9	Total tax deposits made for the calendar year (including overpayment applied from prior year)	
10	Balance Due (If line 8 is greater than line 9, enter difference here)	
11	Overpayment (If line 9 is greater than line 8, enter difference here)	
12	Apply overpayment to next year's return <input type="checkbox"/> OR Refund <input type="checkbox"/>	

DECLARATION & 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.

Employer Signature

Title

Date

Paid Preparer Signature

PTIN/ FirmName

Date