

ANNUAL EMPLOYER PAYROLL TAX RETURN

Department of Revenue / Tax Administration Agency

Calendar Year

EMPLOYER IDENTIFICATION & ADDRESS

Employer Identification Number (EIN)	Trade Name (if any)
Legal Name of Business Entity	
Address (Number, Street, Apt or Suite no.)	
City, State, and ZIP Code	Telephone Number

PART 1: TAXABLE WAGES AND CALCULATIONS

No.	Taxable Wages Summary	Amount
1	Total compensation paid to employees during the calendar year	
2	Exempt compensation (total amount of wages exempt from payroll tax)	
3	Total taxable wages (Subtract Line 2 from Line 1)	
4	Payroll Tax Rate	
5	Gross Payroll Tax (Multiply Line 3 by Line 4)	
6	Tax credits / adjustments (if any, attach documentation)	
7	Total Net Payroll Tax Liability (Subtract Line 6 from Line 5)	

PART 2: PAYMENTS AND TAX DUE

No.	Payment Reconciliation	Amount
8	Total tax deposits/payments made for the tax year	
9	Overpayment from previous calendar year applied to this year	
10	Total credits (Add Line 8 and Line 9)	
11	Balance Due (If Line 7 is greater than Line 10, subtract Line 10 from Line 7)	
12	Overpayment (If Line 10 is greater than Line 7, subtract Line 7 from Line 10)	

PART 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.

Sign Here:

Date:

Print Name:

Title:

PART 4: PAID PREPARER USE ONLY

Preparer's Signature

Date

Preparer's Name and Firm Name

PTIN / EIN