

CORPORATE PAYROLL TAX RETURN

Employer Identification Number (EIN):

Tax Period (Quarter/Year):

Corporate Name:

Trade Name (if different):

Address (Number, Street, Apt or Suite no., City, State, ZIP):

PART 1: EMPLOYEE SUMMARY & WAGES

| | | |
|---|--|----------------------|
| 1 | Number of employees who received wages, tips, or other compensation in this period | <input type="text"/> |
| 2 | Total wages, tips, and other compensation paid | <input type="text"/> |
| 3 | Total income tax withheld from wages, tips, and other compensation | <input type="text"/> |

PART 2: SOCIAL SECURITY AND MEDICARE TAXES

| No. | Taxable Wages Base & Tax Calculation | Amount / Tax due |
|-----|--|----------------------|
| 4a | Taxable social security wages (multiplied by 12.4%) | <input type="text"/> |
| 4b | Taxable social security tips (multiplied by 12.4%) | <input type="text"/> |
| 4c | Taxable Medicare wages & tips (multiplied by 2.9%) | <input type="text"/> |
| 4d | Taxable wages & tips subject to Additional Medicare Tax withholding (multiplied by 0.9%) | <input type="text"/> |
| 5 | Total Social Security and Medicare taxes (Add lines 4a, 4b, 4c, and 4d) | <input type="text"/> |

PART 3: ADJUSTMENTS, TOTAL TAXES, AND DEPOSITS

| | | |
|----|---|----------------------|
| 6 | Total taxes before adjustments (Add Line 3 and Line 5) | <input type="text"/> |
| 7 | Adjustments (Fractions of cents, sick pay, group-term life insurance) | <input type="text"/> |
| 8 | Total taxes after adjustments (Combine Line 6 and Line 7) | <input type="text"/> |
| 9 | Total deposits / tax payments made for this period | <input type="text"/> |
| 10 | Balance Due (If Line 8 is more than Line 9, subtract Line 9 from Line 8) | <input type="text"/> |

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Overpayment (If Line 9 is more than Line 8, subtract Line 8 from Line 9)

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PART 4: AUTHORIZED SIGNATURE 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here:

Date:

Print Name:

Title:

Phone No:

Email:
