STATE DEPARTMENT OF REVENUE

Employer's Annual/Quarterly State Income Tax Withholding Return

Form:

Tax Year:

Quarter:

EMPLOYER INFORMATION

LEGAL BUSINESS NAME _____

TRADE NAME / DBA (IF APPLICABLE) _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

TAXPAYER IDENTIFICATION

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) _____

STATE EMPLOYER ACCOUNT NUMBER _____

TAX PERIOD END DATE (MM/DD/YYYY) _____

DUE DATE (MM/DD/YYYY) _____

No.	Tax Computation Details	Amount
1	Total gross wages and compensation paid this period	
2	Total state income tax withheld from employee compensation	
3	Adjustments from prior periods (attach explanation)	
4	Net state tax withholding liability (Line 2 plus or minus Line 3)	
5	Total tax deposits / prepayments made for this period	
6	Net tax due (Line 4 minus Line 5. If less than zero, enter 0)	
7	Interest	
8	Penalty	
9	**Total Payment Due (Add Lines 6, 7, and 8)**	

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. Consent is hereby given to the Department of Revenue to verify any information provided herein.

_____

AUTHORIZED SIGNATURE

_____

TITLE

DATE

PREPARER'S SIGNATURE (IF OTHER THAN TAXPAYER)

PREPARER PTIN / EIN

PHONE NUMBER