

FORM EMP-YTX

Employer's Annual Payroll Tax Return

Tax Year

Employer Name
Trade Name (DBA)
Address
City, State, Zip
Employer ID Number (EN)
State Tax ID
Phone Number

PART 1: TAXABLE WAGES & CONTRIBUTIONS

Tax Category	Total Wages Subject to Tax	Tax Rate	Tax Amount Due
1. Federal Income Tax Withheld		-	
2. Social Security Tax (Employee Share)		6.2%	
3. Social Security Tax (Employer Share)		6.2%	
4. Medicare Tax (Employee Share)		1.45%	
5. Medicare Tax (Employer Share)		1.45%	
6. Additional Medicare Tax (if applicable)		0.9%	
7. Federal Unemployment Tax (FUTA)		6.0%	
8. State Income Tax Withheld		-	
9. State Unemployment Tax (SUTA)			
10. Total Tax Liability (Add lines 1 through 9)		-	

PART 2: PAYMENTS & BALANCE DUE

11. Total tax deposits made for the year (including overpayment applied from prior year)	
12. Balance Due (If line 10 is more than line 11, enter the difference here)	
13. Overpayment (If line 11 is more than line 10, enter the difference here)	
14. Check choice for overpayment amount on line 13:	<input type="checkbox"/> Apply to next return <input type="checkbox"/> Send a refund

PART 3: SIGNATURE & 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.

Employer Signature

Title

Date

Paid Preparer Signature

Preparer PTIN / TIN

Date

Do not send cash. Make checks payable to the authorized Department of Revenue or Tax Authority. Keep a copy of this return for your tax records.