	ink. Example A - Handwritten Example B - Typed	Florida Departmer Employers are required to file quarter	nt of Rever	nue Employo	er's Q nent activity	uarte or whethe	rly R	epoles are d	rt ue.	
0123	Example A 	Use Black I					•	Τ	U	CT-6 3/12
QUARTER ENI	DING DATE	PENALTY AFTER DATE	TAX RATE	U	T ACCOUN	T NUMBER	1			
			to the	make any changes pre-printed ation on this form.	are required to register (see instru					
			If chan reques <i>Empl</i> o	iges are needed, it and complete an oyer Account		-				
		Reverse Side		[OR OFFICIAL	/ ONLY PO	SIMARKI	JAIL		
Name Mailing		2. Gross wages paid	this quarter							
Address City/St/ZIP		(Must total all page 3. Excess wages pai	,		,	」 <u> </u>			• _	
		(See instructions) 4. Taxable wages pai	id this quarter		,	」 □			• _	
Location Address		(See instructions) 5. Tax due (Multiply Line 4 by	Toy Poto)		,	┘ └ ╴┘╺╸└ │			• _	
City/St/ZIP		6. Penalty due (See instructions)	lax nate)		,	┙┖ݐ┙ ゥ └ ││			• _	
of full-time	total number e and part-time 1st Month orkers who	7. Interest due (See instructions)			,	ا ر لـــا لــ 			• _	
or received	I services during d pay for the riod including the	8. Installment fee (See instructions)			,	J [] 5 [•	
12th of the		9a. Total amount due (See instructions)							-	
	f final return: erations ceased.	9b. Amount Enclosed (See instructions)			,] 			•	
	f you had out-of-state wages. Attach Employer's ly Report for Out-of-State Taxable Wages (UCT-6NF).	UCT-6		ng as a sole proprie						,
	Under penalties of perjury, I declare that I have read this retu		`				Yes		No	
Ciara harra			Title							\neg
Sign here	Signature of officer	Date	Phone ()	F	ax ()		
Paid preparers only	Preparer's signature		Preparer check if self-employed	Preparer's SSN or PTIN						
	Firm's name (or yours if self-employed)	Date	FEIN							Ц
	and address		ZIP	Preparer's phone nu	mber	(DO NOT)			
Rule 60BB-2.03	37 Employer's	Quarterly Report Pay	ment Cour	oon		DETACH				CT-6
Florida Adminis	strative Code		ment coup							3/12
-Iorida Depart	tment of Revenue COMPLETE and MAIL with your REF	MBER on check.		DOR USE ON	/ 🔲 🗀				Ī	
	Make check payable to: Florida U.C. I		POSTN	MARK OR HAND-DEL	IVERY DA	TE /				
UT ACCOU	INT NO.	CT-6			– U.S. Do	ollars —		—	Ce	ents
F.E.I. NUME	3ER	GROSS WA (From Line 2 a AMOUNT E	bove.)		,]_,[• 🔲	
Name		(From Line 9b PAYMENT F	above.) OR QUARTER			JLJ,			• 📙	
Mailing Address			here if you are	-		eck here			smitte	:d
City/St/ZIP		pay ta	x due in install	ments.	fun	ds elect	ronica	lly.		



Florida Department of Revenue Employer's Quarterly Report

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

UCT-6 R. 03/12

Use Black Ink to Complete This Form

QUARTER ENDING EMPLOYER'S NAME UT ACCOUNT NUMBER									
10. EMPLOYEE'S SOCIAL SECURITY NUMBER	11. EMPLOYEE'S NAME (please print first twelve characters of last name and first eight characters of first name in boxes)	EMPLOYEE'S GROSS WAGES PAID THIS QUARTER EMPLOYEE'S TAXABLE WAGES PAID THIS QUARTER Only the first \$8,000 paid to each employee per calendar year is taxable.							
	Last Name 12	ła							
	First Middle Initial 12	ъ							
	Last Name 12	ea.							
	First Middle Initial 12	26.							
	Last Name 12								
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nna na nana	Name								
	Name 12	2a.							
	First Middle Initial 12	2b							
	Last Name 12	ea.							
	First Middle Middle								
	Name								
	Name 12	2a.							
	First Middle Initial 12	2b.							
	Last Name 12	ea.							
	First Middle Middle								
	Name								
	13a. Total Gross Wages (add Lines 12a only). Total this page only. Include this and totals from additional pages in Line 2 on page 1.								
13b. Total Taxable Wages (add Lines 12b only). Total this page only. Include this and totals from additional pages in Line 4 on page 1.									

Mail Reply To:

Unemployment Tax
Florida Department of Revenue
5050 W Tennessee St Bldg L
Tallahassee FL 32399-0180

DO NOT

Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at www.myflorida.com/dor and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Tired of paperwork? We can help!

File and pay your Florida unemployment tax **online**. It's fast, easy, accurate, and secure.

Internet Address: www.myflorida.com/dor