Use black ink. Example A - Handwritten Example B - Typed	Florida Department (Employers are required to file quarterly to	of Reven	nue Emple regardless of emp	oyer's Qua	arterly I	Report due.
(OI23456789 O123456789)		ay nago topoto	. oga: a:ooo o: o::p	or in activity of the	mound any tan	UCT-6 R. 01/06
QUARTER ENDING DUE DATE	PENALTY AFTER DATE	TAX RATE		UT ACCOUNT NUM	BER	
	 	е	Complete enclosed UCS-3 for changes.	If you do not have required to registe		
	I II	(Do not change pre-printed		F.E.I. NUMBER		
	I III		nformation.)			
				FOR OFFICIAL USE	ONLY POSTMA	RK DATE
Name			-6			
Mailing Address				— US Dollars -		
City/St/ZIP	2. Gross Wages Paid This Q	uarter				
<u> </u>	(Must be same as item 13			J , L. L. L.	<u>,</u>	J.∐L
Location	3. Wages Paid This Quarter in (Only the first \$7,000 paid to eac	Excess of \$7,000.	t T			
Address	to Florida Unemployment Tax.) 4. Taxable Wages For This Q			╎╸┞┤┞┤	,	┤• ├ ┤ ├
City/St/ZIP	(Item 2 minus item 3)	au tor		J <u>.</u> L. L. L.	<u>.</u>	」.
Enter the total number of full-time and part-time covered workers who pe		ate)				
services during or received pay for the payroll period including the 12th o	of the month. 6. Penalty Due	,		; , ⊢⊢⊢;	'] •
1st Month	(See instructions)			J , ,	,	」.
2nd Month	7. Interest Due (See instructions)					
	8. Total Amount Due			i ' - - :	'	 •
3rd Month	Make check payable to: Flo	orida U.C. Fund		J , LLL,	,	J•∐∐
If you are filing as a sole proprietor, is this for domestic employment only	? Yes No					
9. EMPLOYEE'S 10. EMP	LOYEE'S NAME*		11. EMPLO	YEE'S GROSS WAG	ES	
	ase print first eleven characters of last name in			HIS QUARTER		
Last Nam	е	First Middle Initial Initial	<u> </u>	— US Dollars -		- Cents
				,	'	-
				J , L L L L ,	,ШШС	J.∐L
Use Reverse Side For Additional Employees and Required Signature(s). 12. Total	Gross Wages This Page					
				', '	,	
	Gross Wages All Pages					
(Mus	t be same as item 2 - Gross Wages)			DO NO		
Employor's	s Quarterly Report (UCT-6)	Dovmont (Coupon	DETAC	н	UCT-6
Employers	s Quarterly Report (OC1-0)	rayineni (Joupon			R. 01/06
Florida Department of Revenue COMPLETE and MAIL with						
Please write your ACCOUN Be sure to SIGN YOUR CH			DOD HOE O	All V	\	
Make check payable to:			DOR USE O	NLY /		
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	AMOUNT ENCLOS (if less than \$1.00	SED		┙┕╻┖		
Name	no remittance is necessa	ıry)	,	,		
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Address City/St/ZIP						
	UCT-6		Check here if yo electronically.	u transmitted fund	IS	
		_				



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. 01/06

Use black ink. Example A - Handwritten Example B - Typed OI23456789 **O123456789** QUARTER ENDING EMPLOYER'S NAME UT ACCOUNT NUMBER EMPLOYEE'S GROSS WAGES EMPLOYEE'S NAME* EMPLOYEE'S SOCIAL SECURITY NUMBER *please print first eleven characters of last name in boxes PAID THIS QUARTER First Middle **US Dollars** Cents Last Name Initial Initial 12. Total Gross Wages This Page (include in lines 2 and 13 on page 1) I certify the information contained on this report is true and correct and no part of the unemployment tax was, or is to be deducted from the employee's wages. Sign here (Must be an original signature.) Date Title Preparer Preparer's social security number or PTIN number Preparer's check if self-Paid signature Date employed preparers Firm's name (or yours if FEIN only self-employed) Preparers phone and address ZIP number

DO NOT

Mail Reply To:

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





Florida Department of Revenue **Employer's Quarterly Report Continuation Sheet**Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

Use black ink. Example A - Handwritten Example B - Typed 0123456789 0123456789 QUARTER ENDING UT ACCOUNT NUMBER EMPLOYER'S NAME EMPLOYEE'S GROSS WAGES PAID THIS QUARTER 9. EMPLOYEE'S 10. EMPLOYEE'S NAME* SOCIAL SECURITY NUMBER *please print first eleven characters of last name in boxes First Middle US Dollars -| Cents | Last Name Initial Initial 12. Total Gross Wages This Page (include in lines 2 and 13 on page 1)