

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

UCT-6
R. 01/06

QUARTER ENDING DUE DATE PENALTY AFTER DATE TAX RATE UT ACCOUNT NUMBER



**Complete
enclosed UCS-3
for changes.
(Do not change
pre-printed
information.)**

If you do not have an account number you are required to register. (See instructions.)

F.E.I. NUMBER

FOR OFFICIAL USE ONLY POSTMARK DATE

/ /

Name
Mailing
Address
City/St/ZIP

Location
Address
City/St/ZIP

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month.

1st Month ,

2nd Month ,

3rd Month ,

If you are filing as a sole proprietor, is this for domestic employment only? ☐ Yes ☐ No

9. EMPLOYEE'S
SOCIAL SECURITY NUMBER

10. EMPLOYEE'S NAME*
*please print first eleven characters of last name in boxes

11. EMPLOYEE'S GROSS WAGES
PAID THIS QUARTER

												First Initial	Middle Initial
Last Name													
<input type="text"/>	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Use Reverse Side For
Additional Employees and Required Signature(s).**

12. Total Gross Wages This Page

13. Total Gross Wages All Pages
(Must be same as item 2 - Gross Wages)

US Dollars												Cents	
<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

DO NOT
DETACH

Employer's Quarterly Report (UCT-6) Payment Coupon

UCT-6
R. 01/06

Florida Department of Revenue

COMPLETE and MAIL with your REPORT/PAYMENT.
Please write your ACCOUNT NUMBER on check.
Be sure to SIGN YOUR CHECK.
Make check payable to: **Florida U.C. Fund**

UT ACCOUNT NO.

F.E.I. NUMBER

No number?
(See instructions.)

DOR USE ONLY

□ □ / □ □ / □ □

POSTMARK OR HAND DELIVERY DATE

[illegible]

PAYMENT FOR QTR/YR

Q — Y Y

☐ Check here if you transmitted funds electronically.

Name _____

Mailing Address _____

City/St/ZIP _____

UCT-6

01.00 0 99999999 0068054031 0 5009999999 0000 4

12. Total Gross Wages This Page
(include in lines 2 and 13 on page 1)