

Reemployment Tax Questionnaire
(Chapter 443.036, F.S.,
Florida Administrative Code Chapter 73B-10
Form UCT-6)

ATTACHMENT TO
REQUEST TO PARTICIPATE IN THE
CERTIFIED AUDIT PROGRAM
(FORM DR-342000)

Entity Name: _____

Federal Identification Number: _____

	YES	NO
1. Is your entity incorporated?	_____	_____
2. Do you have any employees?	_____	_____
▪ Have you paid \$1,500.00 in wages in a calendar quarter?	_____	_____
▪ Have you employed 1 or more persons for any portion of a day in 20 different weeks during the calendar year?	_____	_____
▪ Are you liable for Unemployment Tax (FUTA) because of employment in another state for the current or preceding year?	_____	_____
3. Are any corporate officers performing services?	_____	_____
4. Are dividends paid to an employee of a subchapter S. Corp?	_____	_____
5. Are you a governmental entity?	_____	_____
6. Are you a nonprofit who has a 501(c)(3) exemption and have 4 or more workers for some portion of the same day for 20 different weeks in a calendar year?	_____	_____
7. Are you an agricultural employer who has paid cash wages of \$10,000.00 or more in a calendar quarter or has had five or more employees for some portion of a day in each of 20 different calendar weeks, whether or not such weeks were consecutive?	_____	_____
8. Have you acquired a business that was liable for Reemployment Tax?	_____	_____

I declare that I have answered the above questions, and to the best of my knowledge and belief they are true, correct and complete.

Date

Signature of taxpayer

Title