COMPUTATION OF FEDERAL DEPOSIT LIABILITY - 2020

CLIENT NAME ______________________________ QUARTER ENDED ____________________

Month	Enter Exact Date Wages Paid Week	Day	Total Gross Wages X	(1) Medicare Tax 2.9%	Gross Wages Up To $137,700 Per Employee X	(2) Social Security Tax 12.4%	(3) Federal Tax Withheld	(1)+(2)+(3) Total	EFTPS Confirmation Number	Date Paid
______	1									
	2									
	3									
	4									
	5									
TOTAL*			**$**	**$**	**$**	**$**	**$**	**$**		
______	1									
	2									
	3									
	4									
	5									
TOTAL*			**$**	**$**	**$**	**$**	**$**	**$**		
______	1									
	2									
	3									
	4									
	5									
TOTAL*			**$**	**$**	**$**	**$**	**$**	**$**		

***Monthly depositors complete TOTAL lines only.**