

COMPUTATION OF FEDERAL DEPOSIT LIABILITY - 2024

CLIENT NAME _____ QUARTER ENDED _____

Month	Enter Exact Date		Total Gross Wages X	(1)	Gross Wages Up To \$168,600 Per Employee X	(2)	(3)	(1)+(2)+(3) Total	EFTPS Confirmation Number	Date Paid
	Wages Paid Week	Day		Medicare Tax 2.9%		Social Security Tax 12.4%				
_____	1	_____	_____	_____	_____	_____	_____	_____	_____	_____
	2	_____	_____	_____	_____	_____	_____	_____	_____	_____
	3	_____	_____	_____	_____	_____	_____	_____	_____	_____
	4	_____	_____	_____	_____	_____	_____	_____	_____	_____
	5	_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL*			\$	\$	\$	\$	\$	\$		
_____	1	_____	_____	_____	_____	_____	_____	_____	_____	_____
	2	_____	_____	_____	_____	_____	_____	_____	_____	_____
	3	_____	_____	_____	_____	_____	_____	_____	_____	_____
	4	_____	_____	_____	_____	_____	_____	_____	_____	_____
	5	_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL*			\$	\$	\$	\$	\$	\$		
_____	1	_____	_____	_____	_____	_____	_____	_____	_____	_____
	2	_____	_____	_____	_____	_____	_____	_____	_____	_____
	3	_____	_____	_____	_____	_____	_____	_____	_____	_____
	4	_____	_____	_____	_____	_____	_____	_____	_____	_____
	5	_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL*			\$	\$	\$	\$	\$	\$		

*Monthly depositors complete TOTAL lines only.