

## COMPUTATION OF FEDERAL DEPOSIT LIABILITY - 2017

CLIENT NAME \_\_\_\_\_ QUARTER ENDED \_\_\_\_\_

Month	Enter Exact Date Wages Paid		Total Gross Wages X	(1) Medicare Tax 2.9%	Gross Wages Up To \$127,200 Per Employee X	(2) Social Security Tax 12.4%	(3) Federal Tax Withheld	(1)+(2)+(3) Total	EFTPS Confirmation Number	Date Paid
	Week	Day								
_____										
	1									
	2									
	3									
	4									
	5									
<b>TOTAL*</b>			\$	\$	\$	\$	\$	\$		
_____										
	1									
	2									
	3									
	4									
	5									
<b>TOTAL*</b>			\$	\$	\$	\$	\$	\$		
_____										
	1									
	2									
	3									
	4									
	5									
<b>TOTAL*</b>			\$	\$	\$	\$	\$	\$		

\*Monthly depositors complete TOTAL lines only.