

Employer

Guide for the Reemployment Tax-1 (RT-1) Form and Contesting Charges

What is an RT-1

An RT-1 Form is a Notice of Benefits Paid sent quarterly to Contributory Employers from the Florida Department of Revenue. This notice shows a breakdown of the charges made to an employer's account for a selected time period. The form will show both charges and credits made to the employer's account. These forms are very important to employers because their tax rate is affected by the information on this form.

Florida Reemployment Tax
Notice of Benefits Paid**

RT-1
R. 01-13
Page 1 of 2

1 RT Account #
2 Business Partner #
3 Contract Object #
4 Mailed on or before

This is **NOT** a request for payment. It is a notice of benefits paid and amounts charged or credited to your reemployment tax record during the most recent calendar quarter. The purpose is to notify you of charges or credits which are factors in determining your reemployment tax rate. These charges may affect your tax rate for three years. Please retain this notice for your files.

Your account has been charged because:

- There was no response to the original claims notice (UCB-412), or
- A determination was issued holding the claimant entitled to benefits and/or your account chargeable pursuant to section 443.151, Florida Statutes, or
- With the purchase of this business you accepted liability for claims based on wages earned with the previous owner for a more favorable tax rate.

Your account will be credited on a subsequent quarterly statement if:

- You have previously been notified that your account is not chargeable with any portion of the benefits which appear on this notice, or
- An appeal is pending and the appeals decision relieves your charges.

Timely reporting of all new hires and rehires is in your best interest. New hire and rehire data is matched against reemployment assistance claims to detect and prevent overpayments. For more information or to report new hires, go to <http://newhire.state.fl.us/R-newhire/>.

Your protest to this statement **SHOULD NOT** be directed to the Florida Department of Revenue.

Appeal Rights
Requests for redetermination of any amount charged to your tax rating record must be filed within twenty (20) days of the "Mailed on or before" date of this notice or the charges shall become conclusive and binding for all purposes of the Florida Reemployment Assistance Program Law [s.443.131(3)(b), Florida Statutes].
Your request stating the basis for your protest to the charge must be in writing and be directed to:
Department of Economic Opportunity
Reemployment Assistance Program
P. O. Drawer 5250
Tallahassee, FL 32314-5250

You may fax your request to 850-921-3925. For questions, contact the Reemployment Assistance Program at 1-877-846-8770.

Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at www.myflorida.com/ or and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

LC	Claimant's Name	Social Security Number	Expiration Date of Claim	Weeks Paid in Quarter	Total Charges to Year Tax Rating Records	Codes
00			03/21/2010	00	0.07	CR
			11/15/2010	08	2,046.48	
			03/22/2010	03	1,309.90	
			04/10/2011	07	796.52	
			04/10/2011	03	284.79	
			04/10/2011	08	1,003.66	
Total this page					5,443.28	
TOTAL ALL PAGES					15,226.09	

Letters in the "Codes" column mean:
A - Correction to charges in prior quarters.
CR - Credit reducing or removing benefit charges in prior quarters.
EB - Extended Benefits
LC - Location Code as shown on the original claims notice (UCB-412).
** Formerly Unemployment Tax

(Continued on back of page.)

- 1- The RT Account number is the same as the employer's EAN.
- 2- The employer's FEIN.
- 3- The period in which the Reemployment Tax charges took place.
- 4- The date the correspondence was mailed. This information will be necessary if you are filing a protest.
- 5- A list of claimants who were paid Reemployment Assistance benefits for the period above.
- 6- The claimant's Social Security Number.
- 7- The Benefit Year End date of the individual claim.
- 8- The number of weeks claimed for the period above.
- 9- The total amount paid to the claimant for the above period.

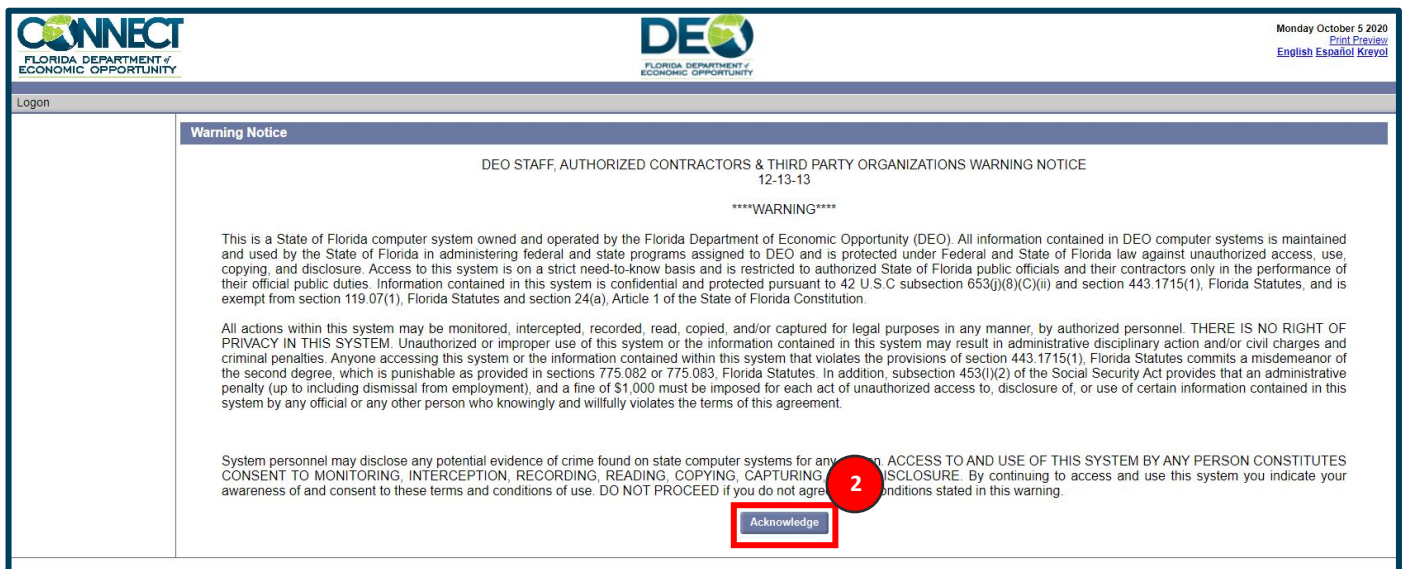
Protesting Benefit Charges:

If you are an employer who would like to protest a benefit charge, you are encouraged to file your own protest through your employer CONNECT account. Follow the steps below to log-in to CONNECT and access your “Benefit Charges and Protest” page.

1. Visit FloridaJobs.org and select the “Login Here CONNECT, Employers” tab, or [click here](#).



2. Select “**Acknowledge.**”



3. Then enter your User ID and your Password and select “Login.”

Florida Department of Economic Opportunity: Employer Login

Welcome to CONNECT, Florida's Online Reemployment Assistance System

NOTE: Tablets, phones, and other mobile devices are not currently supported by CONNECT and may result in errors. Supported browsers are - Internet Explorer version 11, Chrome, Mozilla Firefox versions 16 or 17, or Apple Safari versions 4 or 5.

Attention: If you are an employer doing business outside the state of Florida or a new employer who has not yet received an employer account number from the Florida Department of Revenue please select the following link to proceed: <https://connect.myflorida.com/ExternalEmployer/Revenue/Maintenance/EmprNoticeRes/EmprNoticeRes.ASPX>. You will need a copy of a UCB-412 to respond electronically to the Department's request for separation information.

o CONNECT will be unavailable for routine maintenance starting Sunday at 8:00am. Please logout by this time to save any work in process. CONNECT will be available again Sunday at 12:00pm. Thank you for your patience while we install these important enhancements.

To access Employer account information, enter your User ID and Password. For purposes of authentication, using your Password is considered the same as using your signature.

User ID: Password:

Login Forgot Password

Your account will be locked after 3 attempts. If you are having problems logging in, enter your User ID and select the "Forgot Password" button to reset your password.

Helpful Resources Home

No menu options are available...

* If you are an employer who has forgotten your CONNECT password, you may submit an Employer Password Reset Form, which can be accessed using the following link: EmployerReset.myflorida.com/.

4. To file a benefit charge protest, click on “Benefit Charge Protest” link on your employer homepage.

<p>View Employer Account Profile</p> <p>Employer Inbox</p> <p>Short Time Compensation</p> <p>Address Information</p> <p>Benefit Charge Protest</p> <p>Correspondence Search</p> <p>Manage SIDES E-Response</p> <p>User Maintenance</p> <p>Assign and Maintain TPA</p>	<p>Employer Home</p> <p>Employer Home Employer Home</p> <hr/> <p>View Employer Account Profile View Account Information</p> <p>Short Time Compensation Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC) Plan.</p> <p>Benefit Charge Protest Protest benefits charged against your account</p> <p>Manage SIDES E-Response If you are a small or medium sized employers, click the link above for information regarding the National State Information Data Exchange System (SIDES).</p> <p>Assign and Maintain TPA Used for Assigning and Maintaining TPA roles for a particular Employer</p>	<p>Employer Inbox View and maintain your inbox.</p> <p>Address Information View addresses and phone numbers. Maintain email address and update correspondence preference.</p> <p>Correspondence Search Search for Correspondence</p> <p>User Maintenance Assign or Update user access to Employer account information.</p>
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5. Next, you will be navigated to the “Benefit Charges Activities” screen. Click on “Protest Benefit Charges.”

5

Employer Information Change Employer Leave Employer

Employer Account Number: Employer Name: FEIN:

Benefit Charge Activities

[Protest Benefit Charges](#)
Protest Benefit Charges by indicating specific charges to protest, claimant

- You will be navigated to the “Protest Benefit Charge” screen. Complete the required information and select **ALL** the reasons that apply to the reason for your protest. Then Click “**Submit.**”

Protest Benefit Charge

Statement Mail Date: / / (mm/dd/yyyy) *

Claimant SSN: *

Claimant Last Name: *

Claimant's Last Day of Work:

Reasons for Protest

Select all reasons that apply: *

<input type="checkbox"/> Claimant Never Worked for Me	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Discharge	<input type="checkbox"/> Claimant is Self Employed
<input type="checkbox"/> Part Time/On Call	<input type="checkbox"/> Currently Employed (Comments Required)
<input type="checkbox"/> Suspension	<input type="checkbox"/> Reasonable Assurance to Return to Work (School Employees Only)
<input type="checkbox"/> Voluntary Quit	<input type="checkbox"/> Reduced Hours
<input type="checkbox"/> Union	<input type="checkbox"/> Received Other Pay (severance pay, pay in lieu of notice)
<input type="checkbox"/> Predecessor/Succession Employment	<input type="checkbox"/> Refusal of Work
<input type="checkbox"/> Wages earned while working as a student at an educational institute	<input type="checkbox"/> Vacation Pay/Holiday Pay with Recall Date
<input type="checkbox"/> On a Leave of Absence	<input type="checkbox"/> Other (Comments Required)

Please provide additional comments:

Comments are required if you select "Currently Employed" or "Other"

Submit

- After completing the Protest Benefit Charge form, a confirmation of the protest will display. We suggest printing a copy of the confirmation to keep for your records.

Employer Information

[Change Employer](#) [Leave Employer](#)

Employer Account Number: Employer Name: FEIN: SIDES Type: **E-Response**

Employer TPA: Talx /Equifax - 1

Employer Protest Confirmation

Employer Name:

Employer Account Number:

Claimant Name:

Claimant ID:

Last 5 of Claimant's SSN:

Date and Time of Submission: 10/7/2020 8:36:33 AM

Uploaded Documents

No Attachments

Your protest has been submitted, please print a copy of this confirmation screen for your own records.

This screen will time out in 30 minutes, please click **Print Preview** immediately.

To return to your home page, 'Employer Home'.

[Employer Home](#) **Print Preview**