

**G-7/SchB QUARTERLY RETURN**  
**FOR SEMI-WEEKLY PAYER (Rev. 10/12)**



1303104017

**MAIL TO:**  
 Georgia Department of Revenue  
 P.O. Box 105678  
 Atlanta, GA 30348-5678  
 Telephone No. 1-877-423-6711

GA Withholding ID	FEI Number	Period Ending	Due Date	Vendor Code <b>040</b>
Tax withheld this period		Tax withheld this period		Tax withheld this period
Adjustment to tax		Adjustment to tax		Adjustment to tax
Tax Due (Line 1 + or - Line 2)		Tax Due (Line 1 + or - Line 2)		Tax Due (Line 1 + or - Line 2)
Tax Paid		Tax Paid		Tax Paid
Quarterly Tax Liability		Amount Paid		Additional EFT Due

NAME AND ADDRESS	Explanation of adjustments	I declare under the penalty of perjury that this return has been examined by me and to the best of my knowledge is a true and complete return.	
		Signature	Title
		Date	Telephone

**Employer's Record of Georgia Tax Liability (Schedule B)**

You must complete this schedule if you are required to deposit on a semi-weekly schedule, or if your liability on any day is \$100,000.00 or more.

**A. Tax Liability Per Payday - First Month of Quarter**

1.		8.		15.		22.		29.	
2.		9.		16.		23.		30.	
3.		10.		17.		24.		31.	
4.		11.		18.		25.			
5.		12.		19.		26.			
6.		13.		20.		27.			
7.		14.		21.		28.			

**A** Total tax liability for first month of quarter ▶ **A**

**B. Tax Liability Per Payday - Second Month of Quarter**

1.		8.		15.		22.		29.	
2.		9.		16.		23.		30.	
3.		10.		17.		24.		31.	
4.		11.		18.		25.			
5.		12.		19.		26.			
6.		13.		20.		27.			
7.		14.		21.		28.			

**B** Total tax liability for second month of quarter ▶ **B**

**C. Tax Liability Per Payday - Third Month of Quarter**

1.		8.		15.		22.		29.	
2.		9.		16.		23.		30.	
3.		10.		17.		24.		31.	
4.		11.		18.		25.			
5.		12.		19.		26.			
6.		13.		20.		27.			
7.		14.		21.		28.			

**C** Total tax liability for third month of quarter ▶ **C**

**D** Quarterly Tax Liability (add lines A, B, and C) ▶ **D**

**Date received:**