

Employer's Quarterly Federal Tax Return

▶ See separate instructions for information on completing this return.
 Please type or print.

Enter state code for state in which deposits were made ONLY if different from state in address to the right ▶ (see page 3 of instructions).

Name (as distinguished from trade name) _____ Date quarter ended _____

Trade name, if any _____ Employer identification number _____

Address (number and street) _____ City, state, and ZIP code _____

OMB No. 1545-0029

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If address is different from prior return, check here ▶

1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	3	4	4	4	5	5	5	
6	7	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	10	10	10	10	10	10	10

If you do not have to file returns in the future, check here ▶ and enter date final wages paid ▶ _____
 If you are a seasonal employer, see **Seasonal employers** on page 1 of the instructions and check here ▶

1	Number of employees in the pay period that includes March 12th . ▶	1		
2	Total wages and tips, plus other compensation	2		
3	Total income tax withheld from wages, tips, and sick pay	3		
4	Adjustment of withheld income tax for preceding quarters of calendar year	4		
5	Adjusted total of income tax withheld (line 3 as adjusted by line 4—see instructions)	5		
6	Taxable social security wages	6a		× 12.4% (.124) = 6b
	Taxable social security tips	6c		× 12.4% (.124) = 6d
7	Taxable Medicare wages and tips	7a		× 2.9% (.029) = 7b
8	Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax ▶ <input type="checkbox"/>	8		
9	Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ _____ ± Fractions of Cents \$ _____ ± Other \$ _____ =	9		
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9—see instructions)	10		
11	Total taxes (add lines 5 and 10)	11		
12	Advance earned income credit (EIC) payments made to employees	12		
13	Net taxes (subtract line 12 from line 11). This should equal line 17, column (d) below (or line D of Schedule B (Form 941))	13		
14	Total deposits for quarter, including overpayment applied from a prior quarter	14		
15	Balance due (subtract line 14 from line 13). See instructions	15		
16	Overpayment , if line 14 is more than line 13, enter excess here ▶ \$ _____ and check if to be: <input type="checkbox"/> Applied to next return OR <input type="checkbox"/> Refunded. • All filers: If line 13 is less than \$500, you need not complete line 17 or Schedule B (Form 941). • Semiweekly schedule depositors: Complete Schedule B (Form 941) and check here ▶ <input type="checkbox"/> • Monthly schedule depositors: Complete line 17, columns (a) through (d), and check here ▶ <input type="checkbox"/>			

17 Monthly Summary of Federal Tax Liability. Do not complete if you were a semiweekly schedule depositor.			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ _____ Print Your Name and Title ▶ _____ Date ▶ _____

Form 941 Payment Voucher

Purpose of Form

Complete Form 941-V if you are making a payment with **Form 941**, Employer's Quarterly Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and make a payment with that return, please provide this payment voucher to the return preparer.

Making Payments With Form 941

Make payments with Form 941 only if:

1. Your net taxes for the quarter (line 13 on Form 941) are less than \$500 or
2. You are a monthly schedule depositor making a payment in accordance with the **accuracy of deposits** rule. (See section 11 of **Circular E**, Employer's Tax Guide, for details.) This amount may be \$500 or more.

Otherwise, you must deposit the amount at an authorized financial institution or by electronic funds transfer. (See section 11 of Circular E for deposit instructions.) Do not use the Form 941-V payment voucher to make Federal tax deposits.

Caution: *If you pay amounts with Form 941 that should have been deposited, you may be subject to a penalty. See Circular E.*

Specific Instructions

Box 1—Amount paid. Enter the amount paid with Form 941.

Box 2. Enter the first four characters of your name as follows:

- **Individuals (sole proprietors, estates).** Use the first four letters of your last name (as shown in box 5).
- **Corporations.** Use the first four characters (letters or numbers) of your business name (as shown in box 5). Omit "The" if followed by more than one word.
- **Partnerships.** Use the first four characters of your trade name. If no trade name, enter the first four letters of the last name of the first listed partner.

Box 3—Employer identification number (EIN). If you do not have an EIN, apply for one on **Form SS-4**, Application for Employer Identification Number, and write "Applied for" and the date you applied in this entry space.

Box 4—Tax period. Darken the capsule identifying the quarter for which the payment is made. Darken only one capsule.

Box 5—Name and address. Enter your name and address as shown on Form 941.

- Make your check or money order payable to the Internal Revenue Service. Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Please do not staple your payment to the voucher or the return.
- Detach the completed voucher and send it with your payment and Form 941 to the address provided in the separate **Instructions for Form 941**.



(Detach here)

Form 941-V

Department of the Treasury
Internal Revenue Service

Form 941 Payment Voucher

OMB No. 1545-0029

1998

▶ Use this voucher when making a payment with your return.

1 Enter the amount of the payment you are making ▶ \$.		2 Enter the first four letters of your last name (business name if corporation or partnership)		3 Enter your employer identification number	
4 Tax period		5 Enter your business name (individual name if sole proprietor)			
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	Enter your address			
<input type="radio"/> 2nd Quarter	<input type="radio"/> 4th Quarter	Enter your city, state, and ZIP code			

For Privacy Act and Paperwork Reduction Act Notice, see Instructions for Form 941.