

| | |
|---------------------------------------|---|
| Name | Employer Identification Number |
| Number, street, and room or suite no. | Telephone number (optional) |
| City or town, state, and ZIP code | This form supports adjustments to: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 940 |

Section I. Form 1042, Withholding Tax

| Line No. | Period ending | Tax liability for period (including any taxes assumed on Form(s) 1000) | Line No. | Period ending | Tax liability for period (including any taxes assumed on Form(s) 1000) | Line No. | Period ending | Tax liability for period (including any taxes assumed on Form(s) 1000) |
|--|---------------|--|----------|---------------|--|----------|---------------|--|
| 1 | Jan. | 7 | 21 | May | 7 | 41 | Sept. | 7 |
| 2 | | 15 | 22 | | 15 | 42 | | 15 |
| 3 | | 22 | 23 | | 22 | 43 | | 22 |
| 4 | | 31 | 24 | | 31 | 44 | | 30 |
| 5 | Jan. total | | 25 | May total | | 45 | Sept. total | |
| 6 | Feb. | 7 | 26 | June | 7 | 46 | Oct. | 7 |
| 7 | | 15 | 27 | | 15 | 47 | | 15 |
| 8 | | 22 | 28 | | 22 | 48 | | 22 |
| 9 | | 28 | 29 | | 30 | 49 | | 31 |
| 10 | Feb. total | | 30 | June total | | 50 | Oct. total | |
| 11 | March | 7 | 31 | July | 7 | 51 | Nov. | 7 |
| 12 | | 15 | 32 | | 15 | 52 | | 15 |
| 13 | | 22 | 33 | | 22 | 53 | | 22 |
| 14 | | 31 | 34 | | 31 | 54 | | 31 |
| 15 | Mar. total | | 35 | July total | | 55 | Nov. total | |
| 16 | April | 7 | 36 | August | 7 | 56 | Dec | 7 |
| 17 | | 15 | 37 | | 15 | 57 | | 15 |
| 18 | | 22 | 38 | | 22 | 58 | | 22 |
| 19 | | 30 | 39 | | 31 | 59 | | 31 |
| 20 | Apr. total | | 40 | Aug. total | | 60 | Dec. total | |
| 61 Total liability for year (add monthly total lines from above) | | | | | | | | 61 |

Section II. Form 940, Unemployment Tax

| Quarter | Liability for Quarter (Do not include state liability) |
|--------------------|--|
| First _____ | _____ |
| Second _____ | _____ |
| Third _____ | _____ |
| Fourth _____ | _____ |
| Total _____ | _____ |

Under penalties of perjury, I declare that I have examined the above liability schedule, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|