

**Form 941-V****20****Employer's Quarterly Federal Record of Withholding Return**

EMPLOYER IDENTIFICATION NUMBER (EIN)		TRADE NAME (IF ANY)	
LEGAL NAME OF EMPLOYER			
ADDRESS (NUMBER AND STREET)			SUITE OR SUITE NO.
CITY OR TOWN	STATE	ZIP CODE	

**REPORT FOR THE CALENDAR QUARTER**

**Q1:** January, February, March   
 **Q2:** April, May, June   
 **Q3:** July, August, September   
 **Q4:** October, November, December

**TAX COMPUTATION AND WITHHOLDING SUMMARY**

<b>1</b>	Number of employees who received wages, tips, or other compensation for the pay period	
<b>2</b>	Wages, tips, and other compensation paid during this quarter	
<b>3</b>	Federal income tax withheld from wages, tips, and other compensation	
<b>4</b>	Total taxable social security wages	
<b>5</b>	Total taxable Medicare wages and tips	
<b>6</b>	Total taxes before adjustments (Add lines 3, 4, and 5)	
<b>7</b>	Current quarter's adjustments (e.g., fractions of cents)	
<b>8</b>	<b>Total taxes after adjustments</b> (Combine lines 6 and 7)	
<b>9</b>	Total deposits for this quarter, including overpayment applied from a prior quarter	
<b>10</b>	<b>Balance due</b> (If line 8 is more than line 9, enter the difference)	
<b>11</b>	<b>Overpayment</b> (If line 9 is more than line 8, enter the difference)	

**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 OF AUTHORIZED INDIVIDUAL	DATE	TITLE
PRINT NAME	BEST DAYTIME PHONE NUMBER	