Form 941

Employer's Quarterly Federal Tax Return
Department of the Treasury - Internal Revenue Service

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OMB No. 1545-0029

Employer Identification Number (EIN)

Name (not trade name)

Trade Name (if any)

Address (number and street)

City

State

ZIP Code

Foreign Country Name (if applicable)

REPORT FOR THE QUARTER

- ☐ **Report for details 1st Quarter** (Jan, Feb, Mar)
- ☐ **Report for details 2nd Quarter** (Apr, May, Jun)
- ☐ **Report for details 3rd Quarter** (Jul, Aug, Sep)
- ☐ **Report for details 4th Quarter** (Oct, Nov, Dec)

PART 1: ANSWER THESE QUESTIONS FOR THIS QUARTER.

No.	Tax Calculation Details	Amount ($)
1	Number of employees who received wages, tips, or other compensation for the pay period including Mar 12, June 12, Sept 12, or Dec 12	
2	Wages, tips, and other compensation	
3	Federal income tax withheld from wages, tips, and other compensation	
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	☐
5a	Taxable social security wages	
5b	Taxable social security tips	
5c	Taxable Medicare wages & tips	

No.	Tax Calculation Details	Amount ($)
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	
5e	Total social security and Medicare taxes (Add Column 2 from lines 5a, 5b, 5c, and 5d)	
6	Total taxes before adjustments (Add lines 3 and 5e)	
7	Current quarter's fraction of cents adjustment	
8	Current quarter's sick pay adjustment	
9	Current quarter's adjustments for tips and group-term life insurance	
10	Total taxes after adjustments (Combine lines 6 through 9)	
11	Total deposits for this quarter, including overpayment applied from a prior quarter	
12	Balance due (If line 10 is more than line 11, enter difference)	
13	Overpayment (If line 11 is more than line 10, enter difference)	

PART 2: DEPOSIT SCHEDULE AND TAX LIABILITY FOR THIS QUARTER

☐ Line 10 is less than $2,500. Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter tax liability for each month below:

Month 1 Liability

Month 2 Liability

Month 3 Liability

☐ You were a semiweekly schedule depositor for any part of this quarter. (Complete Schedule B Form 941).

PART 3: BUSINESS INFO

☐ If your business has closed or you stopped paying wages

Date final wages paid

PART 4: THIRD-PARTY DESIGNEE

☐ Do you want to allow an employee or other person to discuss this return?

Designee's Name

PIN (5 Digits)

PART 5: 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.

Sign your name here

Date

Best daytime phone

Print name here

Print title here