Form 941 (Rev. 2024) Department of the Treasury Internal Revenue Service	**Employer's QUARTERLY Federal Tax Return** Template for Federal Payroll Tax Reporting	OMB No. 1545-0029 Report for the Quarter: ☐ 1: Jan, Feb, Mar ☐ 2: Apr, May, Jun ☐ 3: Jul, Aug, Sep ☐ 4: Oct, Nov, Dec

EMPLOYER IDENTIFICATION & CONTACT INFORMATION

Employer Identification Number (EIN)	Trade Name (if any)		
Legal Name (Sole proprietor enter First, Last)			
Address (Number, street, and apt. or suite no.)			State
City or Town	Province/State	Country Code	ZIP / Postal Code

PART 1: ANSWER THESE QUESTIONS FOR THIS QUARTER.

No.	Taxable Wages and Tax Calculations	Amount (USD)
1	Number of employees who received wages, tips, or other compensation for the pay period including March 12, June 12, September 12, or December 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	☐ Check if true
5a	Taxable social security wages (Multiply total by 12.4%)	
5b	Taxable social security tips (Multiply total by 12.4%)	
5c	Taxable Medicare wages & tips (Multiply total by 2.9%)	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding (Multiply total by 0.9%)	
6	Total taxes before adjustments (Add lines 3, 5a, 5b, 5c, and 5d)	
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 overpayments 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 your monthly tax liability below:**

Month 1:	Month 2:	Month 3:

○ **You were a semiweekly schedule depositor. Complete Schedule B (Form 941).**

PART 3: SIGNATURES & APPROVALS

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**	**Print Title**
Print Name	**Best Daytime Phone**	**Paid Preparer's Signature / PTIN**	