

FORM FIT-W1	FEDERAL INCOME TAX WITHHOLDING RETURN Annual / Quarterly Reporting Statement	Tax Year:
Employer Identification Number (EIN):		Quarter:
Reporting Period End Date:		
Legal Name of Business / Employer:		
Trade Name (if different):		
Address (Number, Street, Apt/Suite, City, State, ZIP Code):		

PART 1: FEDERAL INCOME TAX WITHHOLDING SUMMARY

No.	Withholding Classification & Calculations	Amount (USD)
1	Total number of active employees during the reporting period	.....
2	Total wages, tips, and other compensation subject to federal withholding	.....
3	Federal income tax withheld from wages, tips, and other compensation	.....
4	Total taxable social security wages	.....
5	Social security tax (Employer + Employee share)	.....
6	Total taxable Medicare wages and tips	.....
7	Medicare tax (Employer + Employee share)	.....
8	Additional Medicare Tax withholding (if applicable)	.....
9	Total taxes before adjustments (Add lines 3, 5, 7, and 8)	.....
10	Adjustments (e.g., Fractions of cents, Sick pay, Group-term life insurance)	.....
11	Total Tax Liability after adjustments (Line 9 plus/minus Line 10)	.....
12	Total tax deposits made for the reporting period	.....
13	Balance Due (If line 11 is greater than line 12, enter difference)	.....
14	Overpayment (If line 12 is greater than line 11, enter difference)	.....

PART 2: MONTHLY LIABILITY BREAKDOWN (ONLY FOR MONTHLY SCHEDULE DEPOSITORS)

Month 1 Liability	Month 2 Liability	Month 3 Liability
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Total Liability for Quarter (Must equal Line 11):	

PART 3: SIGNATURES & CERTIFICATION

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of Authorized Representative _____ Date _____ Print Name and Title _____	Contact Information: Phone Number _____ Email Address _____
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