

941 Employer's QUARTERLY Federal Tax Return	Employer Identification Number (EIN) <input style="width: 100%; height: 20px;" type="text"/> Name (as shown on EIN letter) <input style="width: 100%; height: 20px;" type="text"/>	Report for this Quarter of the Year <input type="checkbox"/> 1: Jan-Mar <input type="checkbox"/> 2: Apr-Jun <input type="checkbox"/> 3: Jul-Sep <input type="checkbox"/> 4: Oct-Dec
--	---	--

TRADE NAME (IF ANY)
ADDRESS
CITY, TOWN, OR POST OFFICE
STATE / ZIP CODE

PART 1: ANSWER THESE QUESTIONS FOR THIS QUARTER.

#	Tax Computation Description	Wages / Receipts	Tax Amount
1	Number of employees who received wages, tips, or other compensation for the pay period		
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	<input type="checkbox"/>	
5a	Taxable social security wages		
5b	Taxable social security tips		
5c	Taxable Medicare wages & tips		
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 adjustments for sick pay		
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 here)		
13	Overpayment (If line 11 is more than line 10, enter difference here)		

PART 2: DEPOSIT SCHEDULE AND TAX LIABILITY FOR THIS QUARTER

<input type="checkbox"/> Line 10 is less than \$2,500. Go to Part 3. <input type="checkbox"/> Monthly Schedule Depositor. Enter tax liability for each month in the quarter:

Month 1

Month 2

Month 3

Semiweekly Schedule Depositor. Schedule B must be attached.

PART 3: SIGNATURE AND AUTHORIZATION

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

TITLE

PRINT NAME BELOW

BEST DAYTIME PHONE

PIN (IF APPLICABLE)