WORKSHEET 941

Quarterly Federal Payroll Tax Filing Worksheet

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

Calendar Year: _____

Employer Identification Number (EIN)

Trade Name (if any)

Legal Name

Address (number and street)

City, State, and ZIP Code

PART 1: ANSWER THESE QUESTIONS FOR THIS QUARTER

No.	Description	Column A (Base / Wages)	Column B (Tax Liability)
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 here)*	☐	
5a	Taxable social security wages *(Column A x 12.4%)*		
5b	Taxable social security tips *(Column A x 12.4%)*		
5c	Taxable Medicare wages & tips *(Column A x 2.9%)*		
5d	Taxable wages & tips subject to Additional Medicare Tax withholding *(Column A x 0.9%)*		
5e	Total social security and Medicare taxes *(Add lines 5a, 5b, 5c, and 5d)*		
6	Total taxes before adjustments *(Add lines 3 and 5e)*		
7	Current quarter's adjustments for fractions of cents		
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

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

☐ **Monthly Schedule Depositor.** Enter monthly tax liability below:

Month 1	Month 2	Month 3

PART 3: THIRD-PARTY DESIGNEE

Do you want to allow an employee, paid preparer, or other person to discuss this return with the IRS?

☐ Yes. Complete below. ☐ No.

Designee Name: _____

PIN (5 Digits): _____

Part 4: Sign Here (Under penalties of perjury, I declare that I have examined this return...)

Signature	Print Name and Title	Date