

EMPLOYER'S QUARTERLY FEDERAL RECORD

Department of the Treasury - Internal Revenue Service

Form 941-V

Tax Year: 20____

EMPLOYER IDENTIFICATION & ADDRESS

Employer Identification Number (EIN)

Name (Sole proprietor, partnership, or corporation)

Trade Name (If different from official name)

Address (Number, street, suite, or room number)

City, State, and ZIP Code

QUARTER SELECTION

Select the quarter for which this return is filed:

- Q1 (Jan, Feb, Mar)
 Q2 (Apr, May, Jun)
 Q3 (Jul, Aug, Sep)
 Q4 (Oct, Nov, Dec)

Contact Phone Number

Email Address

PART 1: TAX LIABILITY AND WITHHOLDING DETAILS

No.	Tax Calculations	Amount (\$)
1	Number of employees who received wages, tips, or other compensation in this period	
2	Wages, tips, and other compensation paid	
3	Federal income tax withheld from wages, tips, and other compensation	
4	Taxable social security wages	
5	Taxable medicare wages and tips	
6	Total taxes before adjustments (Add lines 3, 4, and 5)	
7	Current quarter's adjustments (fractions of cents, sick pay, group-term life insurance)	
8	Total taxes after adjustments (Combine lines 6 and 7)	
9	Total deposits for this quarter, including overpayment applied from a prior quarter	
10	Balance due (If line 8 is more than line 9, enter difference)	

No.	Tax Calculations	Amount (\$)
11	Overpayment (If line 9 is more than line 8, enter difference)	

PART 2: CERTIFICATION & SIGNATURES

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 (Authorized Signature)

Print Name

Date (MM/DD/YYYY)

Title (Owner/Officer/Partner)

Best Daytime Phone

Preparer's PTIN (If applicable)
