Form **941** Department of the Treasury Internal Revenue Service	**Employer's Quarterly Federal Tax Return** Go to www.irs.gov/Form941 for instructions and the latest information.	OMB No. 1545-0029 **2024**

EMPLOYER IDENTIFICATION NUMBER (EIN)

☐☐ - ☐☐☐☐☐☐☐

NAME (NOT TRADE NAME)

TRADE NAME (IF ANY)

ADDRESS (NUMBER, STREET, AND ROOM OR SUITE NO.)

CITY, STATE, AND ZIP CODE

REPORT FOR THIS QUARTER OF THE YEAR

☐ **Q1** Jan, Feb, Mar

☐ **Q2** Apr, May, Jun

☐ **Q3** Jul, Aug, Sep

☐ **Q4** Oct, Nov, Dec

Instructions: Complete all applicable lines. If a line does not apply to you, leave it blank. Follow the instructions carefully to ensure correct processing.

PART 1: ANSWER THESE QUESTIONS FOR THIS QUARTER.

No.	Description	Amount
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	☐
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	

No.	Description	Amount
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, 5e, and 5f	
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 the difference here	
13	Overpayment. If line 11 is more than line 10, enter the difference here	

PART 2: DEPOSIT SCHEDULE AND TAX LIABILITY FOR THIS QUARTER

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

☐ **Monthly Schedule Depositor**. Check this box if you were a monthly schedule depositor for the entire quarter.

☐ **Semiweekly Schedule Depositor**. Check this box if you were a semiweekly schedule depositor. You must complete Form 941 Schedule B.

PART 3: SIGN HERE. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN.

Sign your name here

Date

Title

Print name here

Best daytime phone

PIN (if applicable)