

<p style="text-align: center;">Form</p> <h1 style="text-align: center; margin: 0;">941-M</h1> <p style="text-align: center; font-size: small;">Employer's Quarterly Tax Return for Social Security and Medicare Taxes</p>	<p><b>Employer Identification Number (EIN)</b> _____</p> <p><b>Name (as shown on EIN authorization)</b> _____</p> <p><b>Trade Name (if any)</b> _____</p>	<p><b>Report for the Quarter</b></p> <p><input type="checkbox"/> January, February, March</p> <p><input type="checkbox"/> April, May, June</p> <p><input type="checkbox"/> July, August, September</p> <p><input type="checkbox"/> October, November, December</p> <p><b>Year:</b> _____</p>
<p><b>Address (number and street)</b> _____</p> <p><b>City, State, and ZIP Code</b> _____</p>		

**PART 1: SOCIAL SECURITY AND MEDICARE TAX LIABILITY CALCULATION**

No.	Tax Computation Description	Rate / Base	Amount (\$)
1	Number of employees who received wages, tips, or other compensation in this pay period	Count	[ ]
2	Total wages, tips, and other compensation subject to withholding	Gross wages	[ ]
3a	Taxable Social Security wages	x 12.4% (0.124)	[ ]
3b	Taxable Social Security tips	x 12.4% (0.124)	[ ]
4a	Taxable Medicare wages and tips	x 2.9% (0.029)	[ ]
4b	Taxable wages & tips subject to Additional Medicare Tax withholding	x 0.9% (0.009)	[ ]
5	<b>Total Social Security and Medicare taxes before adjustments (Add lines 3a, 3b, 4a, and 4b)</b>	<b>Subtotal</b>	[ ]
6	Adjustments for fractions of cents, sick pay, tips, and group-term life insurance	Adjustments (+/-)	[ ]
7	<b>Total Taxes After Adjustments</b>	<b>Total Liability</b>	[ ]

**PART 2: DEPOSITS, PAYMENTS AND BALANCE DUE**

8	Total deposits made for this quarter (including overpayments applied from prior quarters)	[ ]
9	Balance due. If Line 7 is greater than Line 8, enter difference here	[ ]
10	Overpayment. If Line 8 is greater than Line 7, enter difference here	[ ]

**PART 3: SIGN HERE**

*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.*

SIGNATURE	DATE	TITLE
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PRINT NAME

PHONE NUMBER

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