Form 941 Employer's QUARTERLY Federal Tax Return	Report for this Quarter ☐ 1: January, February, March ☐ 2: April, May, June ☐ 3: July, August, September ☐ 4: October, November, December	CALENDAR YEAR

EMPLOYER IDENTIFICATION NUMBER (EIN)	TRADE NAME (IF ANY)
NAME (NOT TRADE NAME)	
ADDRESS (NUMBER AND STREET)	
CITY, STATE, AND ZIP CODE	COUNTRY (IF FOREIGN)

PART 1: ANSWER THESE QUESTIONS FOR THIS QUARTER.

	Description	Computation / Rate	Total Amount
1	Number of employees who received wages, tips, or other compensation		
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 if true	
5a	Taxable social security wages	x 12.4% (.124)	
5b	Taxable social security tips	x 12.4% (.124)	
5c	Taxable Medicare wages & tips	x 2.9% (.029)	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	x 0.9% (.009)	
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 adjustment 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	Qualified small business payroll tax credit for increasing research activities		

	Description	Computation / Rate	Total Amount
12	Total taxes after adjustments and credits (Subtract line 11 from line 10)		
13	Total deposits for this quarter, including overpayment applied from a prior quarter		
14	Balance due (If line 12 is more than line 13, enter difference)		
15	Overpayment (If line 13 is more than line 12, enter difference)		

PART 2: SIGN HERE

SIGN YOUR NAME HERE	DATE	TITLE
PRINT NAME HERE	BEST DAYTIME PHONE	