Department of the Treasury
Internal Revenue Service

Form 941

Employer's QUARTERLY Federal Tax Return

OMB No. 1545-0029

Employer identification number (EIN)	**Report for this Quarter of the Year** (Check one)
Name (not your trade name)	☐ 1: January, February, March
Trade name (if any)	☐ 2: April, May, June
Address	☐ 3: July, August, September
	☐ 4: October, November, December
	Year

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12, June 12, Sept. 12, or Dec. 12	**1**	
2 Wages, tips, and other compensation	**2**	
3 Federal income tax withheld from wages, tips, and other compensation	**3**	
4 If no wages, tips, and other compensation are subject to social security or Medicare tax		☐ Check and go to line 6.
5a Taxable social security wages _____ x 0.124 =	**5a**	
5b Taxable social security tips _____ x 0.124 =	**5b**	
5c Taxable Medicare wages & tips _____ x 0.029 =	**5c**	
5d Taxable wages & tips subject to Additional Medicare Tax withholding _____ x 0.009 =	**5d**	
5e Total social security and Medicare taxes. Add lines 5a, 5b, 5c, and 5d	**5e**	
6 Total taxes before adjustments. Add lines 3 and 5e	**6**	
7 Current quarter's fractions of cents adjustment	**7**	
8 Current quarter's sick pay adjustment	**8**	
9 Current quarter's adjustments for tips and group-term life insurance	**9**	
10 Total taxes after adjustments. Combine lines 6 through 9	**10**	
11 Total deposits for this quarter, including overpayment applied from a prior quarter	**11**	
12 Balance due. If line 10 is more than line 11, enter the difference here	**12**	
13 Overpayment. If line 11 is more than line 10, enter the difference here	**13**	

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

☐ Line 10 on this return is less than $2,500 or line 10 on the prior quarter return was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation.

☐ You were a monthly schedule depositor for the entire quarter.

☐ You were a semiweekly schedule depositor for any part of this quarter. You must complete Schedule B (Form 941).

Part 3 & 4: Business details and Third-Party Designee

Part 3: If your business has closed or you stopped paying wages:

☐ Check here and enter date of final wages paid:

Part 4: May we speak with your third-party designee?

☐ Yes. Designee's name:

☐ No.

Part 5: 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	Print Name Here	Print Title Here
Date		Best Daytime Phone