941	EMPLOYER'S QUARTERLY FEDERAL TAX RETURN Department of the Treasury - Internal Revenue Service	OMB No. Report for Quarter: ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

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

Country (if outside U.S.)

PART 1: ANSWER THESE QUESTIONS FOR THIS QUARTER

#	Tax Computation Items	Amount ($)
1	Number of employees who received wages, tips, or other compensation for the pay period including select dates	
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	
6	Total taxes before adjustments (Add lines 3, 5a, 5b, 5c, and 5d)	
7	Current quarter's adjustments for fractions of cents	
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	

#	Tax Computation Items	Amount ($)
12	Balance due (If line 10 is more than line 11, enter difference)	
13	Overpayment (If line 11 is more than line 10, enter difference)	

PART 2: DEPOSIT SCHEDULE AND TAX LIABILITY

State your deposit schedule for this quarter:

- ○ Line 10 is less than $2,500
- ○ Monthly schedule depositor
- ○ Semiweekly schedule depositor

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.

Sign your name here

Date

Title

Print name here

Best daytime phone

PIN (if applicable)