

Employer's Quarterly Federal Tax Return

▶ See separate instructions revised January 2002 for information on completing this return.

Please type or print.

Enter state code for state in which deposits were made **only** if different from state in address to the right ▶ (see page 2 of instructions).

Name (as distinguished from trade name) _____ Date quarter ended _____

Trade name, if any _____ Employer identification number _____

Address (number and street) _____ City, state, and ZIP code _____

OMB No. 1545-0029

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If address is different from prior return, check here ▶

1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	4	4	4	5	5	5				
6	7	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	10	10	10	10	10	10	10	10	10	10

If you do not have to file returns in the future, check here ▶ and enter date final wages paid ▶ _____
 If you are a seasonal employer, see **Seasonal employers** on page 1 of the instructions and check here ▶

1 Number of employees in the pay period that includes March 12th . ▶ 1			
2 Total wages and tips, plus other compensation	2		
3 Total income tax withheld from wages, tips, and sick pay	3		
4 Adjustment of withheld income tax for preceding quarters of calendar year	4		
5 Adjusted total of income tax withheld (line 3 as adjusted by line 4—see instructions)	5		
6 Taxable social security wages	6a	× 12.4% (.124) =	6b
Taxable social security tips	6c	× 12.4% (.124) =	6d
7 Taxable Medicare wages and tips	7a	× 2.9% (.029) =	7b
8 Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax ▶ <input type="checkbox"/>	8		
9 Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ _____ ± Fractions of Cents \$ _____ ± Other \$ _____ =	9		
10 Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9—see instructions)	10		
11 Total taxes (add lines 5 and 10)	11		
12 Advance earned income credit (EIC) payments made to employees	12		
13 Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))	13		
14 Total deposits for quarter, including overpayment applied from a prior quarter	14		
15 Balance due (subtract line 14 from line 13). See instructions	15		
16 Overpayment. If line 14 is more than line 13, enter excess here ▶ \$ _____ and check if to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded.			

- **All filers:** If line 13 is less than \$2,500, you need not complete line 17 or Schedule B (Form 941).
- **Semiweekly schedule depositors:** Complete Schedule B (Form 941) and check here ▶
- **Monthly schedule depositors:** Complete line 17, columns (a) through (d), and check here. ▶

17 Monthly Summary of Federal Tax Liability. Do not complete if you were a semiweekly schedule depositor.			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see separate instructions)? Yes. Complete the following. No

Designee's name ▶ _____ Phone no. ▶ () _____ Personal identification number (PIN) ▶ _____

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 Your Name and Title ▶ _____ Date ▶ _____