Form **941**
(Rev. January 2002)
Department of the Treasury
Internal Revenue Service (99)

Employer's Quarterly Federal Tax Return

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

Please type or print.

OMB No. 1545-0029

Enter state code for state in which deposits were made **only** if different from state in address to the right ▶

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

| T |
| FF |
| FD |
| FP |
| I |
| T |

If address is different from prior return, check here ▶

IRS Use

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   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 . . . . ▶ ☐	**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: ☐ Applied to next return **or** ☐ 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 ▶

For Privacy Act and Paperwork Reduction Act Notice, see back of Payment Voucher.

Cat. No. 17001Z

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