

Employer's Quarterly Federal Tax Return

4141

▶ See separate instructions for information on completing this return.

Please type or print.

Enter state code for state in which deposits made ▶ (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	4	4	4				
5	5	5	6	7	8	8	8	8	8	8	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 2 and check here (see instructions) ▶

1 Number of employees (except household) employed in the pay period that includes March 12th ▶		
2 Total wages and tips subject to withholding, 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	
6a Taxable social security wages \$ _____ × 12.4% (.124) =	6a	
b Taxable social security tips \$ _____ × 12.4% (.124) =	6b	
7 Taxable Medicare wages and tips \$ _____ × 2.9% (.029) =	7	
8 Total social security and Medicare taxes (add lines 6a, 6b, and 7). 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, if any	12	
13 Net taxes (subtract line 12 from line 11). This should 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). Pay to Internal Revenue Service	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 \$500, you need not complete line 17 or Schedule B. • Semiweekly depositors: Complete Schedule B and check here ▶ <input type="checkbox"/> • Monthly depositors: Complete line 17, columns (a) through (d) and check here ▶ <input type="checkbox"/>		

17 Monthly Summary of Federal Tax Liability.			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter

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 ▶ _____