

Employer's Quarterly Federal Tax Return

4141

▶ See separate instructions for information on completing this form.

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
 Expires 1-31-96

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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	4	4	4
	5	5	5	6	7	8	8	8	8	8	9	9	9	10	10	10	10	10	10	10

If you do not have to file returns in the future, check here ▶ Date final wages paid . . . ▶ _____

If you are a seasonal employer, see **Seasonal employers** on page 1 and check here ▶

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, pensions, annuities, sick pay, gambling, etc.	3		
4 Adjustment of withheld income tax for preceding quarters of calendar year (see instructions)	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)	8		
9 Adjustment of social security and Medicare taxes (see instructions for required explanation)	9		
10 Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9—see instructions)	10		
11 Backup withholding (see instructions)	11		
12 Adjustment of backup withholding tax for preceding quarters of calendar year	12		
13 Adjusted total of backup withholding (line 11 as adjusted by line 12)	13		
14 Total taxes (add lines 5, 10, and 13)	14		
15 Advance earned income credit (EIC) payments made to employees, if any	15		
16 Net taxes (subtract line 15 from line 14). This should equal line 20, col. (d), below or line D of Schedule B (plus line D of Schedule A if you treated backup withholding as a separate liability)	16		
17 Total deposits for quarter , including overpayment applied from a prior quarter, from your records	17		
18 Balance due (subtract line 17 from line 16). This should be less than \$500. Pay to the Internal Revenue Service	18		
19 Overpayment , if line 17 is more than line 16, enter excess here ▶ \$ _____ and check if to be: <input type="checkbox"/> Applied to next return OR <input type="checkbox"/> Refunded.			

20 Monthly Summary of Federal Tax Liability. If line 16 is less than \$500, you need not complete line 20. If you are a monthly depositor, summarize your monthly tax liability below. If you are a semiweekly depositor or have accumulated a tax liability of \$100,000 or more on any day, attach Schedule B (Form 941) and check here (see instructions) ▶

	(a) First month	(b) Second month	(c) Third month	(d) Total for quarter
Liability for month				

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 ▶ _____