

# 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) ▶

<b>1</b> Number of employees (except household) employed in the pay period that includes March 12th ▶		
<b>2</b> Total wages and tips subject to withholding, plus other compensation . . . . .	<b>2</b>	
<b>3</b> Total income tax withheld from wages, tips, and sick pay . . . . .	<b>3</b>	
<b>4</b> Adjustment of withheld income tax for preceding quarters of calendar year . . . . .	<b>4</b>	
<b>5</b> Adjusted total of income tax withheld (line 3 as adjusted by line 4—see instructions) . . . . .	<b>5</b>	
<b>6a</b> Taxable social security wages . . . . . \$ _____ × 12.4% (.124) =	<b>6a</b>	
<b>b</b> Taxable social security tips . . . . . \$ _____ × 12.4% (.124) =	<b>6b</b>	
<b>7</b> Taxable Medicare wages and tips . . . . . \$ _____ × 2.9% (.029) =	<b>7</b>	
<b>8</b> 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"/>	<b>8</b>	
<b>9</b> Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ _____ ± Fractions of Cents \$ _____ ± Other \$ _____ =	<b>9</b>	
<b>10</b> Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9—see instructions) . . . . .	<b>10</b>	
<b>11 Total taxes</b> (add lines 5 and 10) . . . . .	<b>11</b>	
<b>12</b> Advance earned income credit (EIC) payments made to employees, if any . . . . .	<b>12</b>	
<b>13</b> Net taxes (subtract line 12 from line 11). <b>This should equal line 17, column (d) below</b> (or line D of Schedule B (Form 941)) . . . . .	<b>13</b>	
<b>14</b> Total deposits for quarter, including overpayment applied from a prior quarter . . . . .	<b>14</b>	
<b>15 Balance due</b> (subtract line 14 from line 13). Pay to Internal Revenue Service . . . . .	<b>15</b>	
<b>16 Overpayment</b> , if line 14 is more than line 13, enter excess here ▶ \$ _____ and check if to be: <input type="checkbox"/> Applied to next return <b>OR</b> <input type="checkbox"/> Refunded. <ul style="list-style-type: none"> <li>• <b>All filers:</b> If line 13 is less than \$500, you need not complete line 17 or Schedule B.</li> <li>• <b>Semiweekly depositors:</b> Complete Schedule B and check here . . . . . ▶ <input type="checkbox"/></li> <li>• <b>Monthly depositors:</b> Complete line 17, columns (a) through (d) and check here . . . . . ▶ <input type="checkbox"/></li> </ul>		

<b>17 Monthly Summary of Federal Tax Liability.</b>			
(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 ▶ \_\_\_\_\_