

## ***Attention!***

This form is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing. The printed version of this form is a "machine readable" form. As such, it must be printed using special paper, special inks, and within precise specifications.

Additional information about the printing of these specialized tax forms can be found in: Publication 1167, *Substitute Printed, Computer-Prepared, and Computer-Generated Tax Forms and Schedules*; and, Publication 1179, *Specifications for Paper Document Reporting and Paper Substitutes for Forms 1096, 1098, 1099 Series, 5498, and W-2G*.

The publications listed above may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS publication number.

# 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 3 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

T
FF
FD
FP
I
T

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 1 of the instructions and check here ▶

<b>1</b> Number of employees (except household) employed in the pay period that includes March 12th ▶			
<b>2</b> Total wages and tips, 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). See instructions . . . . .	<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 schedule depositors:</b> Complete Schedule B and check here . . . . . ▶ <input type="checkbox"/></li> <li>• <b>Monthly schedule depositors:</b> Complete line 17, columns (a) through (d), and check here. . . . . ▶ <input type="checkbox"/></li> </ul>			

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 ▶ \_\_\_\_\_

# Form 941 Payment Voucher

## Purpose of Form

Complete Form 941-V if you are making a payment with **Form 941**, Employer's Quarterly Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and make a payment with that return, please provide this payment voucher to the return preparer.

## Making Payments With Form 941?

Make payments with Form 941 only if:

1. Your net taxes for the quarter (line 13 on Form 941) are less than \$500, or
2. You are a monthly schedule depositor making a payment in accordance with the **accuracy of deposits** rule. (See section 11 of **Circular E**, Employer's Tax Guide, for details.) This amount may exceed \$500.

Otherwise, you must deposit the amount at an authorized financial institution. (See section 11 of Circular E for deposit instructions.) Make your deposit with a Federal Tax Deposit (FTD) coupon (Form 8109), not the Form 941-V payment voucher.

**Caution:** *If you pay amounts with Form 941 that should have been deposited, you may be subject to a penalty. See Circular E.*

## Specific Instructions

**Box 1—Amount paid.**—Enter the amount paid with Form 941.

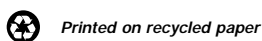
**Box 2.**—Enter the first four characters (letters or numbers) of your business name (as shown in box 5).

**Box 3—Employer identification number (EIN).**—If you do not have an EIN, apply for one on **Form SS-4**, Application for Employer Identification Number, and write "Applied for" and the date you applied in this entry space.

**Box 4—Tax period.**—Darken the capsule identifying the quarter for which the payment is made. Darken only one capsule.

**Box 5—Name and address.**—Enter your business name and address as shown on Form 941.

- Make your check or money order payable to the Internal Revenue Service. Don't send cash. Please don't staple your payment to the voucher or the return.
- Detach the voucher and send it with the return.



(Detach at this line)

**Form 941-V**

Department of the Treasury  
Internal Revenue Service

**Form 941 Payment Voucher**

OMB No. 1545-0029

**1996**

<b>1</b> Enter the amount of the payment you are making ▶ \$ _____		<b>2</b> Enter the first four characters of your business name _____		<b>3</b> Enter your employer identification number _____	
<b>4</b> Tax period <input type="radio"/> 1st Quarter <input type="radio"/> 3rd Quarter <input type="radio"/> 2nd Quarter <input type="radio"/> 4th Quarter		<b>5</b> Enter your business name _____ Enter your address _____ Enter your city, state, and ZIP code _____			

For Paperwork Reduction Act Notice, see Form 941 Instructions.