Form 945	•	Return of Withhor For withholding reported	on Forms 1099 and W	/-2G.	OMB No. 1545-1430
Department of the Treasury Internal Revenue Service	4545	uctions. For more informat Please typ		noiding, see Circular E.	1997
Enter state code	Name (as distinguis	shed from trade name)	Employer identif	fication number	IRS USE ONLY
for state in which deposits		,	1.3		FF
were made only if different from	Trade name, if any				FD FP
state in address to the right	Address (number a	nd street)	City, state, and	ZIP code	ı
(see page 3 of instructions). ▶	7.			1	Т
	-				
If address is	1 1 1 1 1 0	1 1 1 1 1 2	3 3 3 3	3 3 4 4 4	
different from prior	o O Se				
return, check here ►	§				
	5 5 5 6	7 8 8 8 8	8 8 9 9	10 10 10 10 10) 10 10 10 10 10
If you do not have	to file returns in the t	future, check here 🕨 🗌	and enter date final	payments paid >	
1 Federal incom	ne tax withheld from	pensions, annuities, IRAs	s, gambling winnings,	, etc <u>1</u>	
2 Backup withh	olding			2	
·	· ·	va ammana (ana imatmustian	۵	3	
3 Adjustment to	o correct administrativ	ve errors (see instruction	S)	<u> </u>	
4 Total taxes.	This must equal line 8	BM below or line M of Fo	orm 945-A	<u>4</u>	
5 Total deposits	for 1997 from your	records, including overpa	ayment applied from	a prior year . <u>5</u>	
6 Balance due	(subtract line 5 from	line 4). See instructions		6	
	•	,			
7 Overpaymen	t. If line 4 is less than	n line 5, enter overpayme			id check if to be:
- AU (U		☐ Applied to next return			
		500, you need not compl ors: Complete Form 945.		·5-A. · · · · · · · · · ·	
	•	Complete line 8, entries			
8 Monthly Sum		Liability. Do not comp		weekly schedule depos	sitor.
	Tax liability for month	┪	Tax liability for month		Tax liability for month
A January B February		F June		K NovemberL December	
C March		H August			
D April E May		I September J October		M Total liability for year (add entries through L)	A
Under pena	alties of perjury, I declare th	at I have examined this return, i			
Sign	it is true, correct, and com	plete.			
Here		Print You	ır		

For Paperwork Reduction Act Notice and instructions for completing this form, see separate instructions.

Signature ▶

Cat. No. 14584B

Date ▶

Form **945** (1997)



Print Your Name and Title ▶

Form 945-V Payment Voucher

Why a payment voucher?

We will credit your payment more promptly and accurately, and improve our service to you if you use Form 945-V to make a payment with **Form 945**, Annual Return of Withheld Federal Income Tax.

When am I permitted to make payments with Form 945?

Make payments with Form 945 only if:

- 1. Your total taxes for the year (line 4 on Form 945) 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 payment may exceed \$500.

Otherwise, you are required to deposit the payment at an authorized financial institution or by electronic funds transfer (see section 11 of Circular E for deposit instructions). Do not use the Form 945-V payment voucher to make Federal tax deposits.

Caution: If you make payments with Form 945 that should have been deposited, you may be subject to a penalty. See Circular E.

For Paperwork Reduction Act Notice, see the Instructions for Form 945.

Specific Instructions

- Make your check or money order payable to the Internal Revenue Service, not the IRS. Be sure to enter your EIN, "Form 945," and "1997" on your check or money order. Do not send cash. Please do not staple your payment to the voucher or the return.
- Detach the completed voucher and send it with your payment and the return.

Box 1—Enter the amount paid with Form 945.

Box 2.—Enter the first four characters of your name as follows:

- Individuals (sole proprietorships, estates).—Use the first four letters of your last name (as shown in box 4).
- Corporations.—Use the first four characters (letters or numbers) of your business name (as shown in box 4). Omit "The" if followed by more than one word.
- Partnerships.—Use the first four characters of your trade name. If no trade name, enter the first four letters of the last name of the first listed partner.

Box 3.—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.—Enter your name and address as shown on Form 945.

	(Detach at this line) Cat. No. 20563G				
Form 945-V	Form 945 Payment Voucher	OMB No. 1545-1430			
Department of the Treasury Internal Revenue Service	Use this voucher when making a payment with your return.				
Enter the amount of the payment you are making	2 Enter the first four letters of your last name (business name if corporation or partnership) 3 Enter your employer identifying the state of the state	fication number			
▶\$.					
	4 Enter your business name (individual name for sole proprietors)				
	Enter your address				
	Enter your city, state, and ZIP code				