## Schedule D (Form 941):

Report of Discrepancies Caused by Acquisitions, Statutory Mergers, or Consolidations

(Rev. March 2005) Department of the Treasury—Internal Revenue Service

				OMB No. 1545-0029
Employer Id	entification Number (Ell	(v		Tax Year of Discrepancies (Fill in)
Name (not ye	our trade name)			Format: YYYY
Trade name	(if any)			
Address	Number	Street	Suite or room number	Type of Submission (Check one)
	City		State ZIP code	Original Corrected
Phone numb	( )	-		

## About this schedule

Each year the Internal Revenue Service (IRS) and the Social Security Administration (SSA) compare the totals on your Forms 941, *Employer's Quarterly Federal Tax Return*, with the totals on Forms W-2, *Wage and Tax Statement*, to verify that:

- the wages you reported on Forms 941 match those you reported on Forms W-2 (Copy A) so that your employees' social security earnings records are complete for benefit purposes; and
- you have paid the appropriate taxes.

Generally, the totals on your Forms W-2 (Copy A) should equal the totals you reported on Forms 941. Use this schedule if discrepancies exist between the totals you reported on those forms ONLY as a result of an acquisition, statutory merger, or consolidation. In many cases, the information on this schedule should help the IRS resolve discrepancies without contacting you. If you are an eligible employer who elects to use the alternate procedure set forth in Rev. Proc. 2004-53, explained in the instructions, you should file this schedule.

Read the separate instructions before you fill out this schedule.

Part 1: Answer these	background questions.		
1. Are you filing this s	chedule —		
_	merger or consolidation? (See Rev. Rul. 62-60,	1962-1 C.B. 186 and Rev. Proc. 200	4-53, 2004-34 LB B, 320.)
		You are either:	an acquired corporation or a surviving corporation.
_	OR		<b>3</b> • • • • •
after an acquisit	tion and you are using the alternate proced	lure under Rev. Proc. 2004-53, 20	04-34 I.R.B. 320?
		You are either:	a predecessor or
			a successor.
2. The effective date o	f the statutory merger/consolidation or acq		/ / M / DD / YYYY
3. The OTHER PARTY	in this transaction is	ιv.	
Other party's EIN			
Other party's name			
Trade name (if any)			
Address			
	Number Street		Suite or room number
	City	State	ZIP code
Phone number	( ) –		Next ->
For Paperwork Reduction	Act Notice, see separate instructions.	Cat. No. 38791Y	Schedule D (Form 941) Rev. 3-2005

Your EIN				хY	ear of Discrepancies (Fill in)				
Name (not your trade name)					Format: YYYY				
Other party's EIN									
Part 2: Tell us about t	he discrepancies with your retu	ırns	).						
	Column A		Column B	_	Column C				
	Amount you reported to IRS for the tax year	-	Amount you reported to SSA for the tax year	=	The difference				
	Totals from Forms 941 as corrected by any Forms 941c		Totals from Forms W-2 (Copy A) as corrected by any Forms W-2c (Copy A	)					
4. social security wages		-		] =					
5. Medicare wages and tips	;	-		][=					
6. social security tips		i –		1 =					
7. federal income tax		i –		1=					
withheld 8. advance earned income credit (EIC) payments		-		][=					
If you are filing for one transaction only, STOP here. If you are filing for more than one transaction, go to Part 3.									
	nsaction only, STOP here. If you are the only of the o								
Part 3: Fill this part ou	nt ONLY if you are filing more the	han	one Schedule D (Form 941) fo		y calendar year.				
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Part 3: Fill this part ou	nt ONLY if you are filing more the m 941) for each separate transaction. T <u>Column A</u> Amount you reported to IRS for the tax year for the employees affected by the transaction reported on this	han	one Schedule D (Form 941) fo is schedule of Column B Amount you reported to SSA for the tax year for the employees affected by the transaction reported on this	r an	y calendar year. . (Example: This is schedule 1 of 3.) Column C				
Part 3: Fill this part ou	nt ONLY if you are filing more the m 941) for each separate transaction. T <u>Column A</u> Amount you reported to IRS for the tax year for the employees affected by the transaction reported on this Schedule D (Form 941) Totals from Forms 941 as	han	one Schedule D (Form 941) fo is schedule of Column B Amount you reported to SSA for the tax year for the employees affected by the transaction reported on this Schedule D (Form 941) Totals from Forms W-2 (Copy A) as	r an	y calendar year. . (Example: This is schedule 1 of 3.) Column C				
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