

Form 941-M for 2007: Employer's MONTHLY Federal Tax Return

OMB No. 1545-0718

(Rev. January 2007) Department of the Treasury — Internal Revenue Service

▶ Do not file this form unless instructed to do so by the IRS.

(EIN) Employer identification number -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Report for this Month of 2007
(Check ONE month only.)

Jan. Feb. March

April May June

July August Sept.

Oct. Nov. Dec.

Read the separate instructions before you fill out this form. Please type or print within the boxes.

Part 1: Answer these questions for this month.

- 1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) 1
- 2 Wages, tips, and other compensation 2
- 3 Total income tax withheld from wages, tips, and other compensation 3
- 4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.
- 5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2	
5a Taxable social security wages	<input type="text"/>	× .124 =	<input type="text"/>	
5b Taxable social security tips	<input type="text"/>	× .124 =	<input type="text"/>	
5c Taxable Medicare wages & tips	<input type="text"/>	× .029 =	<input type="text"/>	
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)				5d <input type="text"/>
6 Total taxes before adjustments (lines 3 + 5d = line 6)				6 <input type="text"/>

- 7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7h.):
- 7a Current month's fractions of cents 7a
- 7b Current month's sick pay 7b
- 7c Current month's adjustments for tips and group-term life insurance 7c
- 7d Current year's income tax withholding (attach Form 941c) 7d
- 7e Prior months' social security and Medicare taxes (attach Form 941c) 7e
- 7f Special additions to federal income tax (attach Form 941c) 7f
- 7g Special additions to social security and Medicare (attach Form 941c) 7g
- 7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) 7h
- 8 Total taxes after adjustments (Combine lines 6 and 7h.) 8
- 9 Advance earned income credit (EIC) payments made to employees 9
- 10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) 10
- 11 Total deposits for this month, including overpayment applied from a prior month 11
- 12 Balance due (If line 10 is more than line 11, write the difference here.) Make checks payable to United States Treasury 12
- 13 Overpayment (If line 11 is more than line 10, write the difference here.) 13 Check one Apply to next return. Send a refund.

▶ You MUST fill out both pages of this form and SIGN it. **Next** ➔

Part 2: Tell us about your tax liability and deposit schedule for this month.
14 Record of Federal Tax Liability and Deposits (Read the instructions for this line.)

Tax Liability	Amount Deposited	Tax Liability	Amount Deposited	Tax Liability	Amount Deposited
Overpayment from previous month ▶					
1		12		23	
2		13		24	
3		14		25	
4		15		26	
5		16		27	
6		17		28	
7		18		29	
8		19		30	
9		20		31	
10		21			
11		22			
a Total tax liability for the month (must equal line 10)				14a	
b Total deposits for the month (including overpayment from previous month)				14b	

15 Copy the amount shown on line 14b to line 11.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 16 If your business has closed or you stopped paying wages** Check here, and enter the final date you paid wages / / .
- 17 If you are a seasonal employer and you do not have to file a return for every month of the year** Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

No.

Part 5: Sign here. You MUST fill out both sides of this form and SIGN it.

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.

X Sign your name here

Date / /

Print your name here

Print your title here

Best daytime phone () -

Part 6: For PAID preparers only (optional)

Paid preparer's signature

Firm's name

Address

Date / /

Phone () -

EIN

ZIP code

SSN/PTIN

Check if you are self-employed.