13-3 WORK TOGETHER, p. 391

Reporting withholding and payroll taxes

1.

m 941 for 20-: Employer's QUARTERLY Federal Tax Round of the Treasury - Internal Revenue Service	≠turn	7511 -OMB No. 1545
EIN) — — — — — — — — — — — — — — — — — — —	Rep	ort for this Quarter of 20
lame (not your trade name)	(Chec	ck one.)
	1	January, February, March
rade name (if any)	2	April, May, June
Number Street Suttained	3:	: July, August, September
Street Sults or room number	4:	October, November, December
city State ZIP code and the separate instructions before you complete Form 941. Type or print within the boxes.	No.	
Part 1: Answer these questions for this quarter.		
Number of employees who received wages, tips, or other compensation for the pay per	iod	
including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter	r4) 1	
2 Wages, tips, and other compensation	2	
Income tax withheld from wages, tips, and other compensation	. 3	
If no wages, tips, and other compensation are subject to social security or Medicare t Column 1 Column 2	ЭX	Check and go to line 6e.
a Taxable social security wages*.		*Report wages/tips for this quar including those paid to qualifie
b Taxable social security tips*.		new employees, on lines 5a-5 The social security tax exempti
C Taxable Medicare wages & tips*		on wages/tips will be figured of lines 6c and 6d and will reduce
		tax on line 6e.
d Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c	. 5d	
Number of qualified employees first paid exempt wages/tips this quarter		See instructions for definitions qualified employee and
b Number of qualified employees paid exempt wages/tips this quarter		exempt wages/tips.
Exempt wages/tips paid to qualified employees this quarter x .062	= 6d	
Total taxes before adjustments (line 3 + line 5d - line 6d = line 6e)	. 6e	•
Current quarter's adjustment for fractions of cents	. 7a	
Current quarter's adjustment for sick pay	. 7b	•
Current quarter's adjustments for tips and group-term life insurance	. 7c	-
Total taxes after adjustments. Combine lines 6e through 7c	. 8	
Advance earned income credit (EIC) payments made to employees	. 9	
Total taxes after adjustment for advance EIC (line 8 – line 9 = line 10)	. 10	
Total deposits, including prior quarter overpayments	. 11	•
COBRA premium assistance payments (see instructions)	. 12a	
Number of individuals provided COBRA premium assistance		Complete lines 12c, 12d, and 12
Number of qualified employees paid exempt wages/tips March 19-31		only for the 2nd quarter of 20
Exempt wages/tips paid to qualified employees March 19–31 x .062	= 12e	
Add lines 11, 12a, and 12e	. 13	
Balance due. If line 10 is more than line 13, enter the difference and see instructions	. 14	

13-3 WORK TOGETHER (concluded)

	950210
Name (not your trade name)	Employer identification number (EIN)
Part 2: Tell us about your deposit schedule and tax liabi	
(Circular E), section 11. Write the state abbreviation for the state	ule depositor or a semiweekly schedule depositor, see <i>Pub. 15</i> where you made your deposits OR write "MU" if you made your
16 deposits in multiple states. 17 Check one: Line 10 on this return is less than \$2,500	or line 10 on the return for the preceding quarter was less than \$2,500, a deposit obligation during the current quarter. Go to Part 3.
	sitor for the entire quarter. Enter your tax liability
Tax liability: Month 1	
Month 2	
Month 3	•
Total liability for quarter	■ Total must equal line 10.
You were a semiweekly schedule de Report of Tax Liability for Semiweekly	epositor for any part of this quarter. Complete Schedule B (Form 941): Schedule Depositors, and attach it to Form 941.

13-3 ON YOUR OWN, p. 391

Reporting withholding and payroll taxes

1.

	er 20) Department of the Treasury — Internal Revenue Service	gjeri:	OMB No. 1545-0
(EIN) Employe			ort for this Quarter of 20
Name (n	of your trade name)		k one.)
Frade no	me (if any)	- 1	January, February, March
Legae ()e	ine (o ary)	386	April, May, June
Address	Number Street Suite or room number	- ·	July, August, September
		4:	October, November, December
ad the	city State ZIP code separate instructions before you complete Form 941. Type or print within the boxes.	1614614	
Part 1	: Answer these questions for this quarter.		
1 Ni	umber of employees who received wages, tips, or other compensation for the pay period cluding: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)		Programme and the second
	ages, tips, and other compensation	1	
50 5 79	그는 그는 사람들이 가지 하는 것 같아요? 그 사고 하는 것 같아. 전환 사람들은 사람들이 하는 것 같아요? 그렇게 살아. 뭐야? 하다.	2	
	come tax withheld from wages, tips, and other compensation	3	
. 11	no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2		☐ Check and go to line 6e. *Report wages/tips for this quart
ia Ta	xable social security wages*.	7	including those paid to qualifie
ib Ta	xable social security tips*	1	new employees, on lines 5a-50 The social security tax exemption
	xable Medicare wages & tips*	j .	on wages/tips will be figured o lines 6c and 6d and will reduce
	d Column Office Front Column	┛	tax on line 6e.
	d Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c	_5d □	0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
-	mber of qualified employees first paid exempt wages/tips this quarter]	See Instructions for definitions qualified employee and
	mber of qualified employees paid exempt wages/tips this quarter]	exempt wages/tips.
. 100	empt wages/tips paid to qualified employees this quarter x.062 =	6d	
	tal taxes before adjustments (line 3 + line 5d - line 6d = line 6e)	6e	•
	rrent quarter's adjustment for fractions of cents	7a	· · · · · · · · · · · · · · · · · · ·
	rrent quarter's adjustment for sick pay	7b	•
C Cu	rrent quarter's adjustments for tips and group-term life insurance	7с	M
То	tal taxes after adjustments. Combine lines 6e through 7c	8	
Ad	vance earned income credit (EiC) payments made to employees	9	•
То	tal taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	
То	al deposits, including prior quarter overpayments	11	
a CC	BRA premium assistance payments (see instructions)	12a	•
Nu	mber of individuals provided COBRA premium assistance		Complete lines 12c, 12d, and 12
Nu	mber of qualified employees paid exempt wages/tips March 19-31		only for the 2nd quarter of 20
	mpt wages/tips paid to qualified employees March 19-31 × .062 =	12e	
i Exe			
100	d lines 11, 12a, and 12e	13	
Ad	d lines 11, 12a, and 12e ance due. If line 10 is more than line 13, enter the difference and see instructions	13	

13-3 ON YOUR OWN (concluded)

			15021
ame (not your trade na	me)		Employer identification number (EIN)
Part 2: Tell us a	bout your deposit schedule and tax li	ability for this quarter.	
lf you are unsure (Circular E), secti		edule depositor or a ser	miweekly schedule depositor, see Pub. 15
16		ite where you made your	deposits OR write "MU" if you made your
17 Check one:	Line 10 on this return is less than \$2, and you did not incur a \$100,000 next-	500 or line 10 on the return day deposit obligation duri	for the preceding quarter was less than \$2,500, ng the current quarter. Go to Part 3.
	You were a monthly schedule de for each month and total liability for		uarter. Enter your tax ilability
	Tax liability: Month 1		
	Month 2	Я	
	Month 3	=	
	Total liability for quarter		Total must equal line 10.
	You were a semiweekly schedule		of this quarter. Complete Schedule B (Form 941):

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Reporting withholding and payroll taxes

1.

	ctober 20) Department of the Treasury – Internai Revenue Service	1977	
(EIN) Emp			rt for this Quarter of 20
Nam	e (not your trade name)		
Trad	e name (if any)	,	January, February, March
		7	April, May, June
Addr	Number Street Suite or room number		July, August, September October, November, December
		J ** `	ootober, November, December
ead	city State ZIP code the separate instructions before you complete Form 941. Type or print within the boxes.		
	rt 1: Answer these questions for this quarter.		
1.	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	
2	Wages, tips, and other compensation	2	
3	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 6e.
	Column 1 Column 2	7	*Report wages/tips for this quarte including those paid to qualified
5a	Taxable social security wages*.	1	new employees, on lines 5a-5c The social security tax exemptio
5b -	Taxable social security tips*.]]	on wages/tips will be figured or
5c	Taxable Medicare wages & tips* x .029 = x		lines 6c and 6d and will reduce to tax on line 6e.
5đ	Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c	5d	I
6a	Number of qualified employees first paid exempt wages/tips this quarter		See Instructions for definitions of qualified employee and
6b	Number of qualified employees paid exempt wages/tips this quarter]	exempt wages/tips.
6c	Exempt wages/tips paid to qualified employees this quarter x .062 =	6d	
6e	Total taxes before adjustments (line $3 + line 5d - line 6d = line 6e$) ,	6e	
7a	Current quarter's adjustment for fractions of cents	7a	
7b	Current quarter's adjustment for sick pay	7b	L
7c	Current quarter's adjustments for tips and group-term life insurance	7c	
8	Total taxes after adjustments. Combine lines 6e through 7c	8	
9	Advance earned income credit (EIC) payments made to employees	9	•
0	Total taxes after adjustment for advance EIC (line 8 – line 9 = line 10)	10	
1	Total deposits, including prior quarter overpayments	11	b
2a	COBRA premium assistance payments (see instructions)	12a	<u> </u>
2b	Number of individuals provided COBRA premium assistance .		Complete lines 12c, 12d, and 12
2c	Number of qualified employees paid exempt wages/tips March 19–31		only for the 2nd quarter of 20
2d	Exempt wages/tips paid to qualified employees March 19-31 × .062 =	12e	
3	Add lines 11, 12a, and 12e	13	R
4	Balance due. If line 10 is more than line 13, enter the difference and see instructions	14	
5 .	Overpayment, if line 13 is more than line 10, enter the difference	ا بو	Apply to next return. Send a refund

13-3 APPLICATION PROBLEM (concluded)

									720570	
Name (not your trade name)					Employer identification number (EIN)					
Part 2: Tell us a	bout	your deposit	schedule an	nd tax liability for t	his quarter.					
If you are unsure (Circular E), sect			are a mont	thly schedule depos	sitor or a se	miweekly s	chedule deposite	or, see <i>Pub.</i>	15	
16	Writ	化二基化二十二基乙烷 经销售额		r the state where yo	ou made you	ır deposits (OR write "MU" if	you made yo)UK	
17 Check one:		Line 10 on this and you did not	return is less incur a \$100,0	than \$2,500 or line 10 000 next-day deposit o	on the return obligation dur	n for the prec	eding quarter was nt quarter. Go to Pa	iess than \$2,5 rt 3.	00,	
				edule depositor for billity for the quarter.		quarter. Ente	er your tax liabilit	<i>!</i>		
		Tax liability:	Month 1		-					
Trepshally sym			Month 2		•					
· .			Month 3]				
•		Fotal liability for	r quarter			Total mu	st equal line 10.			
		You were a se	emiweekly s Liability for Se	schedule depositor emiweekly Schedule	for any part Depositors,	of this qua and attach it	rter. Complete So to Form 941.	hedule B (Fo	rm 941):	