

## ***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.

# Annual Return of Withheld Federal Income Tax

OMB No. 1545-1430

▶ For withholding reported on Forms 1099 and W-2G.

▶ See separate instructions. For more information on income tax withholding, see Circular E.  
**4545** Please type or print.

**1994**

Enter state code for state in which deposits made . . . ▶ (see page 3 of instructions).

Name (as distinguished from trade name) \_\_\_\_\_ Employer identification number \_\_\_\_\_  
Trade name, if any \_\_\_\_\_  
Address (number and street) \_\_\_\_\_ City, state, and ZIP code \_\_\_\_\_

IRS USE ONLY	
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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	10	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 payments paid ▶ \_\_\_\_\_

1	Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc. . . . .	1		
2	Backup withholding . . . . .	2		
3	<b>Total taxes</b> (add lines 1 and 2). This must equal line 7M below or line M of Form 945-A . . . . .	3		
4	Total deposits for 1994 from your records . . . . .	4		
5	<b>Balance due</b> (subtract line 4 from line 3). Pay to the Internal Revenue Service (See instructions.)	5		

6 **Overpayment**, if line 3 is less than line 4, enter overpayment here ▶ \$ \_\_\_\_\_ and check if to be:

Applied to next return **OR**  Refunded

- **All filers:** If line 3 is less than \$500, you need not complete line 7 or Form 945-A.
- **Semiweekly depositors:** Complete Form 945-A and check here . . . . . ▶
- **Monthly depositors:** Complete line 7, entries **A** through **M** and check here . . . . . ▶

7 Monthly Summary of Federal Tax Liability								
	Tax liability for month			Tax liability for month			Tax liability for month	
A	January . . . . .		F	June . . . . .		K	November . . . . .	
B	February . . . . .		G	July . . . . .		L	December . . . . .	
C	March . . . . .		H	August . . . . .		M	Total liability for year (add lines A through L). . . . .	
D	April . . . . .		I	September . . . . .				
E	May . . . . .		J	October . . . . .				

**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 ▶ \_\_\_\_\_

