990107

941 for 2007: Employer's QUARTERLY Federal Tax Return

| v. January 2007) Departme   | ent of the Treasury — Internal R |                           |               |                         | OMB No. 1545-0                        |
|---|----------------------------------|---------------------------|---------------|-------------------------|---------------------------------------|
| EIN) Employer identification number   |                                  |                           |               | Report for (Check one.) | this Quarter of 2007                  |
| ame (not your trade name)   |                                  |                           |               | 1: Janua                | ry, February, March                   |
| rade name (if any)  |                                  |                           |               |                         | May, June                             |
| add name (n any)  |                                  |                           |               |                         | August, September                     |
| Number Street   |                                  | Suite or r                | oom number    |                         | per, November, Decembe                |
| City  | State                            | ZIP code                  |               |                         | · · · · · · · · · · · · · · · · · · · |
| d the separate instructions before you  |                                  |                           |               | es.                     |                                       |
| Part 1: Answer these questions fo   | r this quarter.                  |                           |               |                         |                                       |
| Number of employees who received including: Mar. 12 (Quarter 1), June             |                                  |                           |               |                         |                                       |
| Wages, tips, and other compensati   |                                  | ,                         | ·             | 2                       |                                       |
|   |                                  |                           |               |                         | _                                     |
| Total income tax withheld from wa<br>If no wages, tips, and other compe           |                                  |                           | or Medicare   | tax Che                 | ck and go to line 6.                  |
| Taxable social security and Medica  | re wages and tips:               | Joidi Goodilly            |               |                         | ok and go to into o.                  |
|   | Column 1                         | 1                         | Column        | 2                       |                                       |
| 5a Taxable social security wages  |                                  | × .124 =                  |               |                         |                                       |
| 5b Taxable social security tips   |                                  | × .124 =                  |               |                         |                                       |
| 5c Taxable Medicare wages & tips  | •                                | × .029 =                  |               |                         |                                       |
| 5d Total social security and Medic  | are taxes (Column 2 line         | es 5a ± 5h ± <sup>r</sup> | 5c – line 5d) | 5d                      |                                       |
| Total taxes before adjustments (line  | •                                |                           | ·             |                         | _                                     |
| TAX ADJUSTMENTS (Read the instr   | ,                                |                           |               |                         |                                       |
| 7a Current quarter's fractions of c   | ents                             |                           |               |                         |                                       |
| 7b Current quarter's sick pay   |                                  |                           |               |                         |                                       |
|   |                                  | =                         |               |                         |                                       |
| 7c Current quarter's adjustments for  | tips and group-term life i       | nsurance                  |               |                         |                                       |
| 7d Current year's income tax with   | nolding (attach Form 941c        | ;)                        |               |                         |                                       |
| 7e Prior quarters' social security an   | d Medicare taxes (attach         | Form 941c)                |               |                         |                                       |
| 7f Special additions to federal inc   | ome tax (attach Form 941         | c)                        |               |                         |                                       |
| 7g Special additions to social secur  | rity and Medicare (attach l      | Form 941c)                |               |                         |                                       |
| 7h TOTAL ADJUSTMENTS (Combin  | ie all amounts: lines 7a thi     | rough 7g.) .              |               | 7h                      |                                       |
| Total taxes after adjustments (Com  | bine lines 6 and 7h.) .          |                           |               | 8                       |                                       |
| Advance earned income credit (EIC   | c) payments made to em           | ployees                   |               | 9                       |                                       |
| Total taxes after adjustment for ad   | vance EIC (line 8 – line 9       | = line 10) .              |               | 10                      |                                       |
| Total deposits for this quarter, incl   | uding overpayment appli          | ed from a pri             | or quarter .  | 11                      |                                       |
| <b>Balance due</b> (If line 10 is more than Follow the Instructions for Form 941- |                                  | ence here.) .             |               | 12                      |                                       |
| Overpayment (If line 11 is more than  | line 10, write the differen      | ice here.)                |               | ■ Check                 | — · · · ·                             |
| You MUST fill out both pages of this  | form and <b>SIGN</b> it.         |                           |               |                         | Send a refund.                        |

Name (not your trade name) Employer identification number (EIN)

| Part 2: Tell us about yo   | our deposit schedule and tax liability for this quarter.   |  |  |  |
|--|--|--|--|--|
| If you are unsure about w (Circular E), section 11.  | whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15   |  |  |  |
| Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in <i>multiple</i> states. |  |  |  |  |
| 15 Check one: Lin  | ne 10 is less than \$2,500. Go to Part 3.  |  |  |  |
|  | bu were a monthly schedule depositor for the entire quarter. Fill out your tax bility for each month. Then go to Part 3.   |  |  |  |
| Та   | x liability: Month 1   |  |  |  |
|  | Month 2  |  |  |  |
|  | Month 3  |  |  |  |
| Tota   | al liability for quarter Total must equal line 10.   |  |  |  |
|  | bu were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): eport of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form. |  |  |  |
| Part 3: Tell us about yo   | our business. If a question does NOT apply to your business, leave it blank.   |  |  |  |
| 16 If your business has  | s closed or you stopped paying wages   |  |  |  |
| •  | al employer and you do not have to file a return for every quarter of the year Check here.   |  |  |  |
|  | with your third-party designee?  |  |  |  |
| Do you want to allow for details.)   | an employee, a paid tax preparer, or another person to discuss this return with the IRS? (See the instructions   |  |  |  |
| Yes. Designee's  | name   |  |  |  |
| Select a 5-digit Perso   | onal Identification Number (PIN) to use when talking to IRS.   |  |  |  |
| ☐ No.  |  |  |  |  |
| Part 5: Sign here. You   | MUST fill out both pages of this form and SIGN it.   |  |  |  |
|  | I declare that I have examined this return, including accompanying schedules and statements, and to the best f, it is true, correct, and complete.   |  |  |  |
| Sign your  | Print your name here   |  |  |  |
| name here  | Print your title here  |  |  |  |
| Date   | / / Best daytime phone ( ) -   |  |  |  |
| Part 6: For paid prepar  | rers only (optional)   |  |  |  |
| Paid Preparer's<br>Signature   |  |  |  |  |
| Firm's name  |  |  |  |  |
| Address  | EIN  |  |  |  |
|  | ZIP code   |  |  |  |
| Date   | / / Phone ( ) - SSN/PTIN   |  |  |  |
|  | Check if you are self-employed   |  |  |  |

# Form 941-V, Payment Voucher

# **Purpose of Form**

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and make a payment with that return, please provide this payment voucher to the return preparer.

# **Making Payments With Form 941**

Make your payment with Form 941 only if:

- Your net taxes for the quarter (line 10 on Form 941) are less than \$2,500 and you are paying in full with a timely filed return or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. (See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details.) In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must deposit your taxes at an authorized financial institution or by electronic funds transfer. (See section 11 of Pub. 15 (Circular E) for deposit instructions.) Do not use Form 941-V to make federal tax deposits.

**Caution.** If you pay amounts with Form 941 that should have been deposited, you may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15 (Circular E).

# **Specific Instructions**

**Box 1—Employer identification number (EIN).** 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 2—Amount paid.** Enter the amount paid with Form 941.

**Box 3—Tax period.** Darken the capsule identifying the quarter for which the payment is made. Darken only one capsule.

**Box 4—Name and address.** Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure also to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Please do not staple Form 941-V or your payment to the return (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address provided in the Instructions for Form 941.

**Note.** You must also complete the entity information above Part 1 on Form 941.



▼ Detach Here and Mail With Your Payment and Tax Return. ▼



| <b>941-V</b>  |                  | Payment Voucher  |     | OMB No. 1545-0029 |       |  |
|---|------------------|--|-----|-------------------|-------|--|
| Department of the Treasury Internal Revenue Service | <b>▶</b> Do      | Oo not staple or attach this voucher to your payment.            |     |                   | 2007  |  |
| Enter your employer iden<br>number (EIN).           | tification       | Enter the amount of your payment. ►                              | Dol | lars              | Cents |  |
| 3 Tax period  |                  | 4 Enter your business name (individual name if sole proprietor). |     |                   |       |  |
| O 1st<br>Quarter                                    | O 3rd<br>Quarter | Enter your address.  |     |                   |       |  |
| Quarter   | O 4th<br>Quarter | Enter your city, state, and ZIP code.                            |     |                   |       |  |

#### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages, including income tax withholding. This form is used to determine the amount of the taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your employer identification number (EIN). If you fail to provide this information in a timely manner, you may be subject to penalties and interest.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of

Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

| Recordkeeping                      |    | ÷  | 12 hr., 39 min. |
|------------------------------------|----|----|-----------------|
| Learning about the law or the form | i. | i. | 40 min.         |
| Preparing the form                 |    |    | 1 hr., 49 min.  |
| Copying, assembling, and sending   |    |    |                 |
| the form to the IRS                |    | ÷  | 16 min.         |

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* on page 4 of the Instructions for Form 941.