Form **941 for 2011:** Employer's QUARTERLY Federal Tax Return

950111

(Rev. Ja	nuary 2011) Department of the Treasury - Internal Revenue Service	e		OMB No. 1545-0029					
(EIN) Empl	oyer identification number		Repoi (Check	rt for this Quarter of 2011 one.)					
Name	e (not your trade name)		1: January, February, March						
Trade	e name (if any)		2: April, May, June						
			3: July, August, September						
Addr		or room number	4: October, November, December						
	City State	ZIP code	Prior-year forms are available at www.irs.gov/form941.						
Read t	the separate instructions before you complete Form 941. Type or print with								
Part	Answer these questions for this quarter.								
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)									
2	Wages, tips, and other compensation	, or Dec. 12 (Quarter	. 2	•					
			. 3	-					
3	Income tax withheld from wages, tips, and other compensation								
4	If no wages, tips, and other compensation are subject to social sec Column 1	Column 2	ax	☐ Check and go to line 6e.					
5a	Taxable social security wages .   • × .104 =			For 2011, the employee social security					
5b	Taxable social security tips			tax rate is 4.2% and the Medicare tax rate is 1.45%. The employer social					
5c	Taxable Medicare wages & tips.   • × .029 =			security tax rate is 6.2% and the Medicare tax rate is 1.45%.					
5d	Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c		. 5d	•					
5e	Section 3121(q) Notice and Demand—Tax due on unreported tips (s	ee instructions) .	. 5e	•					
6a	Reserved for future use.								
6b	Reserved for future use. Do Not Com	nlete	<b>T</b> i	nes 6a-6d					
	<b>2</b> 3 1131 3311	·pioto		1100 04 04					
6с	Reserved for future use.		6d						
6e	Total taxes before adjustments (add lines 3, 5d, and 5e)		. 6e	•					
7	Current quarter's adjustment for fractions of cents		. 7	•					
8	Current quarter's adjustment for sick pay		. 8	•					
9	Current quarter's adjustments for tips and group-term life insurance		. 9	•					
10	Total taxes after adjustments. Combine lines 6e through 9		. 10	-					
11	Total deposits, including prior quarter overpayments		. 11	•					
12a	COBRA premium assistance payments (see instructions)		. 12a	-					
12b	Number of individuals provided COBRA premium assistance								
13	Add lines 11 and 12a		. 13	•					
14	Balance due. If line 10 is more than line 13, enter the difference and see	e instructions	. 14	•					
15	Overpayment. If line 13 is more than line 10, enter the difference	■ Che	ck one: [	Apply to next return. Send a refund.					
► Y	ou MUST complete both pages of Form 941 and SIGN it.			Next <b>■</b> ▶					

Name (not your trade name	2)				Em	ployer identification number (EIN)		
Part 2: Tell us ab	out your deposi	t schedule ar	nd tax liability	for this quarte	r.			
If you are unsure a		u are a mont	hly schedule de	epositor or a se	emiweekly s	chedule depositor, see Pub. 15		
·		ur deposits	OR write "MU" if you made your					
17 Check one:	Line 10 on this s \$100,000 next-d for the current of complete the dep You were a s	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, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If you meet the <i>de minimis</i> exception based on the prior quarter and line 10 for the current quarter is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.  You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total						
	·	quarter, then	go to Part 3.		7			
	Tax liability:	Month 1		•	_ ¬			
		Month 2			_ 			
		Month 3			_			
_	Total liability fo	or quarter			Total mus	tal must equal line 10.		
L		-	chedule deposi emiweekly Sched	• •	•	rter. Complete Schedule B (Form 941): to Form 941.		
Part 3: Tell us ab	out your busine	ss. If a quest	ion does NOT	apply to your b	ousiness, le	ave it blank.		
18 If your busines	ss has closed or	you stopped	paying wages .			Check here, and		
	date you paid wag		/					
19 If you are a se			ot have to file a	roturn for over	ny quarter of	f the year		
	peak with your	-		return for ever	ry quarter or	f <b>the year</b> Check here.		
Do you want to				her person to di	iscuss this re	eturn with the IRS? See the instructions		
for details.  Yes. Design	gnee's name and p	hone number						
	t a 5-digit Person		Number (DIN) t	o uso whon talk	ing to the IDS			
No.	it a 3-digit Ferson	ai identification	rivamber (Filv) t	o use when talk	ing to the inc	J		
_	. You MUST cor	nplete both p	ages of Form	941 and SIGN	it.			
						statements, and to the best of my knowledge ation of which preparer has any knowledge.		
	, .				Print yo	ur		
Sign y name					Print you			
					title here	e		
	Date /	/			Best da	ytime phone		
Paid Preparer I	Use Only				Chec	k if you are self-employed		
Preparer's name	_							
Preparer's signature						ate / /		
Firm's name (or yours if self-employed)					EII			
, ,								
Address						none		
City			I	Stato	711	Picode		

# 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**

To avoid a penalty, make your payment with Form 941 **only if:** 

- Your net taxes for either the current quarter or the preceding quarter (line 10 on Form 941) are less than \$2,500, you did not incur a \$100,000 next-day deposit obligation during the current quarter, 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 make deposits 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.** Use Form 941-V when making any payment with Form 941. However, if you pay an amount 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 circle identifying the quarter for which the payment is made. Darken only one circle.

**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 to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

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

<u>~</u>	▼ Deta	ich Here	e and Mail With Your Payment and For	m 941. ▼		<del>~</del>	
E 941-V Department of the Treasury Internal Revenue Service  ▶ Do			Payment Voucher o not staple this voucher or your payment to Form 941.			OMB No. 1545-0029	
Enter your employed number (EIN).	er identification		Enter the amount of your payment. ▶	Dollars	3	Cents	
3 Tax Period			4 Enter your business name (individual name if sole proprietor).				
1st Quarter		3rd Quarter	Enter your address.				
2nd Quarter		4th Quarter	Enter your city, state, and ZIP code.				

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

We ask for the information on Form 941 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. Form 941 is used to determine the amount of 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 identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, 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 its 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, the District of Columbia, and U.S. commonwealths and possessions 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:

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-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.