

Form 941 for 2010: Employer's QUARTERLY Federal Tax Return
(Rev. February 2010) Department of the Treasury -- Internal Revenue Service

950110
OMB No. 1545-0029

(EIN)	1	2	—	3	4	5	6	7	8	9
Employer identification number										
Name (not your trade name)	Sample Company									
Trade Name (if any)	123 Lawn And Garden Inc									
Address	9000 Easy Street									
	Number				Street				Suite or room number	
	Myhometown				KY				40000	
	City				State				ZIP code	

Report for this Quarter of 2010
(Check one.)

- ☒ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

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	12
2	Wages, tips, and other compensation	2	44583 . 61
3	Income tax withheld from wages, tips, and other compensation	3	3600 . 31
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
5	Taxable social security and Medicare wages and tips:		
	Column 1	Column 2	
5a	Taxable social security wages	44583 . 61 x .124 =	5528 . 37
5b	Taxable social security tips	0 . 00 x .124 =	0 . 00
5c	Taxable Medicare wages & tips	44583 . 61 x .029 =	1292 . 92
5d	Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	5d	6821 . 29
6	Total taxes before adjustments (lines 3 + 5d = line 6)	6	10421 . 60
7	CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment. See the instructions.		
7a	Current quarter's fractions of cents		0 . 13
7b	Current quarter's sick pay		.
7c	Current quarter's adjustments for tips and group-term life insurance		.
7d	TOTAL ADJUSTMENTS. Combine all amounts on lines 7a through 7c	7d	0 . 13
8	Total taxes after adjustments. Combine lines 6 and 7d	8	10421 . 73
9	Advance earned income credit (EIC) payments made to employees	9	0 . 00
10	Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	10421 . 73
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X		10421 . 73
12a	COBRA premium assistance payments (see instructions)		.
12b	Number of individuals provided COBRA premium assistance reported on line 12a		
13	Add lines 11 and 12a	13	10421 . 73
14	Balance due. If line 10 is more than line 13, write the difference here. For information on how to pay, see the instructions.	14	0 . 00
15	Overpayment. If line 13 is more than line 10, write the difference here		.

☐ Apply to next return.

Check one ☐ Send a refund.

► You MUST complete both pages of Form 941 and SIGN it.

Next ➔

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Form 941 (Rev. 2-2010)

Name (not your trade name)

Sample Company

Employer Identification Number (EIN)

12-3456789

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see *Pub. 15 (Circular E)*, section 11.

16 ☐ K ☐ Y Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your 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, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 10.

☒ You were a semiweekly schedule depositor for any part of this quarter. Complete *Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors*, and attach it to Form 941.

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

18 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages

19 If you are a seasonal employer and you do not have to file a return for every quarter 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 and phone number

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

☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your
name here

Print your
name here

Print your
title here

Date

Best daytime phone

Paid preparer's use only

Check if you are self-employed ☐

Preparer's name

Preparer's
SSN/PTIN

Preparer's signature

Date

Firm's name (or yours
if self-employed)

EIN

Address

Phone

City

State

ZIP code

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. February 2009)

Department of the Treasury - Internal Revenue Service

960309

OMB No. 1545-0029

(EIN)

Employer identification number

1	2	—	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Name (not your trade name)

Sample Company

Calendar year

2	0	1	0
---	---	---	---

(Also check quarter)

Report for this Quarter ... (Check one.)

- ☒ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 (or Form 941-SS) DO NOT change your tax liability by adjustments reported on any Forms 941-X. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Month 1								Tax liability for Month 1	
1		9		17		25		3194 . 58	
2		10		18		26			
3		11		19		27			
4		12		20		28			
5		13		21		29	699 . 27		
6		14		22	732 . 79	30			
7		15	1024 . 12	23		31			
8	738 . 40	16		24					
Month 2								Tax liability for Month 2	
1		9		17		25		3695 . 02	
2		10		18		26	986 . 77		
3		11		19	1238 . 51	27			
4		12	743 . 36	20		28			
5	726 . 38	13		21		29			
6		14		22		30			
7		15		23		31			
8		16		24					
Month 3								Tax liability for Month 3	
1		9		17		25		3532 . 13	
2		10		18		26	1290 . 73		
3		11		19	831 . 40	27			
4		12	769 . 09	20		28			
5	640 . 91	13		21		29			
6		14		22		30			
7		15		23		31			
8		16		24					
Fill in you total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter								Total liability for the quarter	
Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).								10421 . 73	