

(EIN) -

Employer identification number

Name (not your trade name)

Trade Name (if any)

Address

Number Street Suite or room number

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

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 6.

5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2
5a Taxable social security wages	<input type="text" value="44583.61"/>	x .124 =	<input type="text" value="5528.37"/>
5b Taxable social security tips	<input type="text" value="0.00"/>	x .124 =	<input type="text" value="0.00"/>
5c Taxable Medicare wages & tips	<input type="text" value="44583.61"/>	x .029 =	<input type="text" value="1292.92"/>

5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) 5d

6 Total taxes before adjustments (lines 3 + 5d = line 6) 6

7 CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment. See the instructions.

7a Current quarter's fractions of cents

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

8 Total taxes after adjustments. Combine lines 6 and 7d 8

9 Advance earned income credit (EIC) payments made to employees 9

10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) 10

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X

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

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

15 Overpayment. If line 13 is more than line 10, write the difference here

Apply to next return.
 Check one Send a refund.

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.

[X] 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.

[X] 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.

X

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):

960309

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. February 2009)

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer identification number -

Name (not your trade name)

Calendar year (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	<input type="text"/>	9	<input type="text"/>	3194 . 58
2	<input type="text"/>	10	<input type="text"/>	
3	<input type="text"/>	11	<input type="text"/>	
4	<input type="text"/>	12	<input type="text"/>	
5	<input type="text"/>	13	<input type="text"/>	
6	<input type="text"/>	14	<input type="text"/>	
7	<input type="text"/>	15	<input type="text" value="1024 . 12"/>	
8	<input type="text" value="738 . 40"/>	16	<input type="text"/>	
Month 2				3695 . 02
1	<input type="text"/>	9	<input type="text"/>	3532 . 13
2	<input type="text"/>	10	<input type="text"/>	
3	<input type="text"/>	11	<input type="text"/>	
4	<input type="text"/>	12	<input type="text" value="743 . 36"/>	
5	<input type="text" value="726 . 38"/>	13	<input type="text"/>	
6	<input type="text"/>	14	<input type="text"/>	
7	<input type="text"/>	15	<input type="text"/>	
8	<input type="text"/>	16	<input type="text"/>	
Month 3				10421 . 73
1	<input type="text"/>	9	<input type="text"/>	10421 . 73
2	<input type="text"/>	10	<input type="text"/>	
3	<input type="text"/>	11	<input type="text"/>	
4	<input type="text"/>	12	<input type="text" value="769 . 09"/>	
5	<input type="text" value="640 . 91"/>	13	<input type="text"/>	
6	<input type="text"/>	14	<input type="text"/>	
7	<input type="text"/>	15	<input type="text"/>	
8	<input type="text"/>	16	<input type="text"/>	

Fill in you total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter

Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).