Name (not your trade name)	Employer identification number (EIN)
Part 2: Tell us about your deposit schedule and tax liability for	or this quarter.
If you are unsure about whether you are a monthly schedule depo	ositor or a semiweekly schedule depositor, see section 11
for the prior quarter was less than \$2,500, and quarter. If line 12 (line 10 if the prior quarter was th this return is \$100,000 or more, you must provide complete the deposit schedule below; if you are a s	12 (line 10 if the prior quarter was the fourth quarter of 2016) on the return you didn't incur a \$100,000 next-day deposit obligation during the currence of the fourth quarter of 2016) for the prior quarter was less than \$2,500 but line 12 or a record of your federal tax liability. If you are a monthly schedule depositor emiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
liability for the quarter, then go to Part 3.	
Tax liability: Month 1	
Month 2	•
Month 3	•
Total liability for quarter	■ Total must equal line 12.
	or for any part of this quarter. Complete Schedule B (Form 941),
Part 3: Tell us about your business. If a question does NOT a	pply to your business, leave it blank.
17 If your business has closed or you stopped paying wages .	
enter the final date you paid wages / / .	
18 If you are a seasonal employer and you don't have to file a return for every quarter of the year	
Part 4: May we speak with your third-party designee?	
Do you want to allow an employee, a paid tax preparer, or anoth for details.	er person to discuss this return with the IRS? See the instructions
Yes. Designee's name and phone number	
Select a 5-digit Personal Identification Number (PIN) to	use when talking to the IBS
No.	ruse when taking to the into.
Part 5: Sign here. You MUST complete both pages of Form 9	41 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.  Print your
Sign your	name here
name here	Print your title here
Date / /	Best daytime phone
Paid Preparer Use Only	Check if you are self-employed
Preparer's name	PTIN
Preparer's signature	Date / /
Firm's name (or yours if self-employed)	EIN
Address	Phone
City	State ZIP code

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