Employer's QUARTERLY Federal Tax Return OMB No. 1545-0029 Report for this Quarter of 20 Employer identification number (EIN) (Check one.) 1: January, February, March Name (not your trade name) 2: April, May, June Trade name (if any) 3: July, August, September Address 4: October, November, December Number Suite or room number Go to www.irs.gov/Form941 for instructions and the latest information. City ZIP code Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Part 1: Answer these questions for this quarter. Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 2 Wages, tips, and other compensation Federal income tax withheld from wages, tips, and other compensation 3 3 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6. Column 1 Column 2 *Include taxable qualified sick and Taxable social security wages*. \times 0.124 = 5a family leave wages for leave taken after March 31, 2021, on line 5a. Use 5a (i) Qualified sick leave wages* \times 0.062 = lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave (ii) Qualified family leave wages' \times 0.062 = 5a taken before April 1, 2021. Taxable social security tips \times 0.124 = Taxable Medicare wages & tips. \times 0.029 = Taxable wages & tips subject to 5d × 0.009 = Additional Medicare Tax withholding Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e Section 3121(q) Notice and Demand-Tax due on unreported tips (see instructions) 5f 5f Total taxes before adjustments. Add lines 3, 5e, and 5f . 6 7 Current quarter's adjustment for fractions of cents . 8 Current quarter's adjustment for sick pay 9 Current quarter's adjustments for tips and group-term life insurance 9 Total taxes after adjustments. Combine lines 6 through 9 10 10 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a

Nonrefundable portion of employee retention credit

11b

before April 1, 2021

Nonrefundable portion of credit for qualified sick and family leave wages for leave taken

Name (not your trade name)	Employer identification number (EIN)
Part	1: Answer these questions for this quarter. (continued)	3300
	1/25	(6)5
11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave after March 31, 2021	taken 11d -
11e	Nonrefundable portion of COBRA premium assistance credit (see instructions for	
	applicable quarters)	11e
11f	Number of individuals provided COBRA premium assistance	
11g	Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e	11g
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line	10 . 12
13a	Total deposits for this quarter, including overpayment applied from a prior quart overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current of	
13b	Reserved for future use	13b
13c	Refundable portion of credit for qualified sick and family leave wages for leave	taken
	before April 1, 2021	13c
13d	Refundable portion of employee retention credit	13d (O)
13e	Refundable portion of credit for qualified sick and family leave wages for leave after March 31, 2021	taken 13e
13f	Refundable portion of COBRA premium assistance credit (see instructions for app	
	quarters)	13f
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f	13g <u> </u>
13h	Total advances received from filing Form(s) 7200 for the quarter	13h
13i	Total deposits and refundable credits less advances. Subtract line 13h from line 13g	13i
14	Balance due. If line 12 is more than line 13i, enter the difference and see instructions .	14
1/2		
15	Overpayment. If line 13i is more than line 12, enter the difference	Check one: Apply to next return. Send a refund
Part :	Tell us about your deposit schedule and tax liability for this quarter.	
If you'	re unsure about whether you're a monthly schedule depositor or a semiweekly sche	edule depositor, see section 11 of Pub. 15.
16 (Check one: Line 12 on this return is less than \$2,500 or line 12 on the return fand you didn't incur a \$100,000 next-day deposit obligation during quarter was less than \$2,500 but line 12 on this return is \$100,000 of federal tax liability. If you're a monthly schedule depositor, comples semiweekly schedule depositor, attach Schedule B (Form 941). Go to F	g the current quarter. If line 12 for the prior or more, you must provide a record of your te the deposit schedule below; if you're a
	You were a monthly schedule depositor for the entire quarter. Ent liability for the quarter, then go to Part 3.	ter your tax liability for each month and total
	Tax liability: Month 1	19-
	Month 2	
	Month 3	
		ust equal line 12.
	You were a semiweekly schedule depositor for any part of this qu	

Name	(not your trade name)	Employer Identification number (EIN)
Part	3: Tell us about your business. If a question does NOT apply to	your business, leave it blank.
17	If your business has closed or you stopped paying wages	
	enter the final date you paid wages ; also attach	a statement to your return. See instructions.
18a	If you're a seasonal employer and you don't have to file a return for	every quarter of the year
18b	If you're eligible for the employee retention credit solely because your bus	siness is a recovery startup business
19	Qualified health plan expenses allocable to qualified sick leave wages for leave ta	aken before April 1, 2021 19
20	Qualified health plan expenses allocable to qualified family leave wages for leave t	taken before April 1, 2021 20
21	Qualified wages for the employee retention credit	21
22	Qualified health plan expenses for the employee retention credit .	22
23	Qualified sick leave wages for leave taken after March 31, 2021	23
24	Qualified health plan expenses allocable to qualified sick leave wage	s reported on line 23 24
25	Amounts under certain collectively bargained agreements allocal leave wages reported on line 23	ble to qualified sick
26	Qualified family leave wages for leave taken after March 31, 2021 .	26
27	Qualified health plan expenses allocable to qualified family leave wage	
28	Amounts under certain collectively bargained agreements allocab leave wages reported on line 26	ie to qualified family 28
Part		SIN
	Do you want to allow an employee, a paid tax preparer, or another perso for details.	on to discuss this return with the IRS? See the instructions
	Yes. Designee's name and phone number	
	7 1875	
	Select a 5-digit personal identification number (PIN) to use whe	en talking to the IRS.
Part		and SIGN it.
Und	ler penalties of perjury, I declare that I have examined this return, including accompar	nying 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
P	aid Preparer Use Only	Check if you're self-employed
Prep	parer's name	PTIN
Prep	parer's signature	Date
	n's name (or yours elf-employed)	EIN
Add	dress	Phone
City	State	ZIP code

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors OMB No. 1545-0029							
(Rev. January 2017) Department of the Treasury — Internal Revenue Service Report for this Quarter							
Employer identification (EIN)	number			(Check one.) 1: January, February, March			
Name (not your trade name	me)		3/2/2	2: April, May, June			
Calendar year			(Also check quarter)	3: July, August, September			
	757	NIL		4: October, November, December			
	3/1/7						
Form 941-SS, don't o	change your tax liabilit	ty by adjustments reported	d on any Forms 941-X or 944-১	s. When you file this form with Form 941 or K. You must fill out this form and attach it to			
\$100,000 or more. V	41-55 if you're a semi Vrite your daily tax lia	bility on the numbered s	pace that corresponds to the	ur accumulated tax liability on any day was e date wages were paid. See Section 11 in			
Month 1							
	9	17	25	Tax liability for Month 1			
1							
2	10	18	26				
3	11	19	27				
4	12	20	28				
5	13	21	29				
6	14	22	30				
7	15	23	31				
8	16	24					
Month 2				Toy lightlity for Month O			
1	9	17	25	Tax liability for Month 2			
2	10	18	26				
3	11	19	27				
4	12	20	28				
5	13	21	29				
6	14	22	30				
7	15	23	31				
8	16	24					
Month 3				, to the same of t			
1	9	17	25	Tax liability for Month 3			
2	10	18	26				
3	11	19	27				
4	12	20	28				
5	13	21	29				
6	14	22	30				
7	15	23	31				
8	16	24		,			
	7171	27		Total liability for the quarter			
Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶							
JH JE		Total must equ	ual line 12 on Form 941 or Form	941-SS.			

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V if you're making a payment with Form 941. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

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

- Your total taxes after adjustments and nonrefundable credits (Form 941, line 12) for either the current quarter or the preceding quarter are less than \$2,500, you didn't incur a \$100,000 next-day deposit obligation during the current quarter, and you're paying in full with a timely filed return; or
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 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 for deposit instructions. Don't use Form 941-V to make federal tax deposits.



Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should've been deposited, you

may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15.

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Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941, 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 "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period ("1st Quarter 2021," "2nd Quarter 2021," "3rd Quarter 2021," or "4th Quarter 2021") on your check or money order. Don't send cash. Don't 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.

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E 941-V Department of the Treasury Internal Revenue Service ▶ D		►D	Payment Voucher on't staple this voucher or your payment to Form 941.	
	our employer ic er (EIN).	dentification		2 Dollars Cents Enter the amount of your payment. Make your check or money order payable to "United States Treasury"
3 Tax Pe	riod			4 Enter your business name (individual name if sole proprietor).
	1st Quarter	0	3rd Quarter	Enter your address.
	2nd		4th	Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/county, and foreign postal 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 and provides for 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.

You're 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

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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 send us comments from www.irs.gov/FormComments. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form 941 to this address. Instead, see Where Should You File? in the Instructions for Form 941.