

Go to www.irs.gov/Form941 for instructions and the latest information.

Form **941** (Rev. 6-2022)

Name (not your trade name) Sample, Inc	Employer identification number (EIN) 99 — 9999999
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Part 1: Answer these questions for this quarter. (continued)

11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	11d	<input type="text" value="0.00"/>
11e	Reserved for future use	11e	<input type="text" value="."/>
11f	Reserved for future use		<input type="text" value="."/>
11g	Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g	<input type="text" value="0.00"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	<input type="text" value="0.00"/>
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	<input type="text" value="0.00"/>
13b	Reserved for future use	13b	<input type="text" value="."/>
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	<input type="text" value="0.00"/>
13d	Reserved for future use	13d	<input type="text" value="."/>
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	13e	<input type="text" value="0.00"/>
13f	Reserved for future use	13f	<input type="text" value="."/>
13g	Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g	<input type="text" value="0.00"/>
13h	Reserved for future use	13h	<input type="text" value="."/>
13i	Reserved for future use	13i	<input type="text" value="."/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text" value="0.00"/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value="0.00"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

Part 2: 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 schedule 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 for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're 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 liability for the quarter, then go to Part 3.

Tax liability: Month 1	<input type="text" value="."/>
Month 2	<input type="text" value="."/>
Month 3	<input type="text" value="."/>
Total liability for quarter	<input type="text" value="."/>

Total must equal line 12.

☐ **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. Go to Part 3.

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

Next ►

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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 ☐ Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021	19	0.00
20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021	20	0.00
21 Reserved for future use	21	.
22 Reserved for future use	22	.
23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021	23	0.00
24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23	24	0.00
25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23	25	0.00
26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021	26	0.00
27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26	27	0.00
28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26	28	0.00

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 the IRS.

☐ No.

Part 5: Sign here. You MUST complete all three 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

Example Name

Print your title here

Agent

Date 02 / 27 / 2023

Best daytime phone (999) 999-9999

Paid Preparer Use Only

Check if you're self-employed ☐

Preparer's name <input style="width: 350px;" type="text"/>	PTIN	<input style="width: 150px;" type="text"/>
Preparer's signature <input style="width: 350px;" type="text"/>	Date	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
Firm's name (or yours if self-employed) <input style="width: 350px;" type="text"/>	EIN	<input style="width: 150px;" type="text"/>
Address <input style="width: 350px;" type="text"/>	Phone	<input style="width: 150px;" type="text"/>
City <input style="width: 150px;" type="text"/> State <input style="width: 50px;" type="text"/>	ZIP code	<input style="width: 100px;" type="text"/>