Form **941 for 2022:** Employer's QUARTERLY Federal Tax Return Department of the Treasury — Internal Revenue Service

950122

OMB No. 1545-0029

Employ	ver identification number (EIN) $9 \qquad 9 \qquad - $	9 9 9	9 9 9		ort for this Quarter of 2022 k one.)		
Name	(not your trade name) Sample, Inc] 1	January, February, March		
		<u> </u>	2: April, May, June				
Trade	name (if any) Sample, Inc				July, August, September		
	21 North Touss Drive						
Addre	Number Street		Suite or room number	_	October, November, December		
	Bend	OR	97701		www.irs.gov/Form941 for tions and the latest information.		
	City	State	ZIP code	_			
				$\neg \mid$			
	Foreign country name	Foreign province/county	Foreign postal code	_			
Read th	ne separate instructions before you comp	olete Form 941. Type or	print within the box	es.			
Part 1							
1	Number of employees who received w	ages, tips, or other co	mpensation for the	pay period			
	including: June 12 (Quarter 2), Sept. 12	(Quarter 3), or Dec. 12	(Quarter 4)	1	1		
2	Wages, tips, and other compensation			2	0_00		
					0.00		
3	Federal income tax withheld from wag	ges, tips, and other co	mpensation	3	0 00		
4	If no wages, tips, and other compensation	ation are subject to so	cial security or Me	dicare tax	✓ Check and go to line 6.		
		Column 1		Column 2			
5a	Taxable social security wages*	0.00	× 0.124 =	0 • 00	*Include taxable qualified sick and family leave wages paid in this		
5a	(i) Qualified sick leave wages* .	0.00	× 0.062 =	0 . 00	quarter of 2022 for leave taken after March 31, 2021, and before		
5a	(ii) Qualified family leave wages* .	0.00	× 0.062 =	0 00	October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable		
5b	Taxable social security tips	0.00	× 0.124 =	0 00	qualified sick and family leave wages paid in this quarter of 2022		
5c	Taxable Medicare wages & tips	0_00	× 0.029 =	0 00	for leave taken after March 31, 2020, and before April 1, 2021.		
	Taxable wages & tips subject to	0,00	× 0.009 =	0_00			
	Additional Medicare Tax withholding	3,00	_ x 0.009 =	• • • • • • • • • • • • • • • • • • • •			
5e	Total social security and Medicare taxes	. Add Column 2 from line	es 5a, 5a(i), 5a(ii), 5b,	5c, and 5d 5e	0_00		
5f	Section 3121(q) Notice and Demand-	Tax due on unreporte	d tips (see instruction	ons) 5f			
		•	- `	, ,	0.00		
6	Total taxes before adjustments. Add li	nes 3, 5e, and 5f		6	0_00		
7	Current quarter's adjustment for fract	ions of cents		7	0_00		
8	Current quarter's adjustment for sick	pay		8	0_00		
9	Current quarter's adjustments for tips	and group-term life ir	nsurance	9	0,00		
10	Total taxes after adjustments. Combir	e lines 6 through 9 .		10	0_00		
11a	Qualified small business payroll tax cre	dit for increasing resear	rch activities. Attach	Form 8974 11a	•		
	Nonrefundable portion of credit for question before April 1, 2021	ualified sick and family	•	eave taken 11b	0_00		
11c	Reserved for future use			11c	•		

Name ((not your trade name) Sample, I	nc			Employ 99	er iden	tification number (EIN) 9999999
Part	1: Answer the	ese questions for this qu	arter. (continued))			
11d		portion of credit for qual 2021, and before Octobe		nily leave wages	for leave taken	11d	0 _• 00
11e	Reserved for fu	ture use				11e	
11f	Reserved for fu	ture use					
11g	Total nonrefund	dable credits. Add lines 11	a, 11b, and 11d			11g	0_00
12	Total taxes afte	r adjustments and nonre	fundable credits.	Subtract line 11g	from line 10 .	12	0_00
13a	•	for this quarter, including plied from Form 941-X, 941-			•	13a	0,00
13b	Reserved for fu	ture use				13b	
13c	Refundable por before April 1, 2	rtion of credit for qualific 2021	ed sick and famil		for leave taken	13c	0,00
13d	Reserved for fu	ture use				13d	•
13e	•	rtion of credit for qualific 2021, and before Octobe				13e	0_00
13f	Reserved for fu	ture use				13f	•
13g	Total deposits a	and refundable credits. Ad	dd lines 13a, 13c, a	and 13e		13g	0 , 00
13h	Reserved for fu	ture use				13h	
13i	Reserved for fu	ture use				13i	
14	Balance due. If	line 12 is more than line 13	g, enter the differe	nce and see inst	ructions	14	0 , 00
15	Overpayment. If	line 13g is more than line 12,	enter the difference		0 _• 00 Check	one: [Apply to next return. Send a refund.
Part	2: Tell us abo	ut your deposit schedul	e and tax liability	for this quarte	er.		
If you	're unsure about	whether you're a monthly	schedule deposi	tor or a semiwe	ekly schedule d	eposi	tor, see section 11 of Pub. 15.
16 (Check one: 🗸	and you didn't incur a \$ quarter was less than \$2	100,000 next-day ,500 but line 12 or u're a monthly sc	deposit obligat n this return is \$ hedule deposito	ion during the o \$100,000 or more or, complete the	urren e, you	quarter was less than \$2,500, t quarter. If line 12 for the prior must provide a record of your sit schedule below; if you're a
		You were a monthly sch liability for the quarter, the	•	for the entire qu	uarter. Enter you	r tax li	ability for each month and total
		Tax liability: Month 1					
		Month 2					
		Month 3					
	Т	otal liability for quarter			Total must eq	ual lin	e 12.
		You were a semiweekly Report of Tax Liability for			•		lete Schedule B (Form 941), 41. Go to Part 3.

Name (n	ot your trade name,	Sam	ole, Inc			Employe 99	er identification number (EIN) 9999999	
Part 3			ır business. If a question does NOT a	apply to yo	ur busines			
17			closed or you stopped paying wages .				Check here, and	
	enter the final c	date you	paid wages / / ; als	o attach a si	tatement to	your retu	urn. See instructions.	
18	If you're a sea	sonal e	mployer and you don't have to file a re	turn for eve	ry quarter o	of the ye	ear Check here.	
19	Qualified health p	olan exp	enses allocable to qualified sick leave wages f	or leave take	n before April	1, 2021	19 0.00	
20	Qualified health p	olan expe	nses allocable to qualified family leave wages	for leave take	en before Apri	l 1, 2021	20 0, 00	
21	Reserved for f	uture u	se				21 .	
22	Reserved for f	uture u	se				22	
23	Qualified sick leave wages for leave taken after March 31, 2021, and before Octob				e October 1	, 2021	23 0 00	
24	Qualified healt	h plan	expenses allocable to qualified sick lea	ve wages re	eported on l	line 23	24 0 0 0	
25	Amounts under leave wages re		ain collectively bargained agreement	s allocable	to qualifie	ed sick	25 0 _• 00	
26	Qualified family	y leave	wages for leave taken after March 31, 20	21, and befo	re October	1, 2021	26 0.00	
27	Qualified healt	h plan e	expenses allocable to qualified family lea	ave wages r	eported on	line 26	27 0 _• 00	
28	Amounts under		nin collectively bargained agreements	allocable	to qualified	family	28 0 _• 00	
		-					20	
Part	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.								
	Ciana v				t your ne here	Example Name		
Sign				Prin	t your	Agent		
				titl			Agent	
		Date	02 / 27 / 2023		Bes	t daytime	e phone (999) 99 9 -9999	
Paid Preparer Use Only Check if you're self-employed								
Prepa	arer's name					PTIN		
Prepa	arer's signature					Date	/ /	
	s name (or yours -employed)					EIN		
Addre	ess					Phone		
City				State		ZIP cod	de	

Page **3** Form **941** (Rev. 6-2022)