	m 4977 v. February 20			Schedule of Tax Liabili						ty			
Nam	e									Employer Identification Number			
Number, street, and room or suite no.										Telephone number (optional)			
City or town, state, and ZIP code										This form supports adjustments to: ☐ Form 1042 ☐ Form 940			
Se	ction I.				Fo	rm 1 <mark>0</mark> 4	n 1042, Withholding Tax						
Line No.	Period ending		Tax liability for period (including any taxes assumed on Form(s) 1000)		Line No.	Period ending		Tax liability for period (including any taxes assumed on Form(s) 1000)	Line No.	Period ending		Tax liability for period (including any taxes assumed on Form(s) 1000)	
1		7		21 22		May	7 15		41	Sept.	7		
2	Jan.	15							42		15		
3_	Juli.	22 31			23	ıay	22		43	оори.	22 30		
4		31			24		31		44		30		
5_	Jan. total	Jan. total			25 May total				45	Sept. total			
6_		7			26		7 15		46		7 15		
	Feb.	15			27	June	22		47	Oct.	22		
8_		22 28			28		30		48		31		
	-	I			29				49				
	Feb. total	7			30	June total	7 15 22 31		50	Nov. 15	7		
11		15			31				51		15		
12	March	22			32				52 53		22		
<u>13</u> <u>14</u>		31			33				54		31		
15	Mar. total	Mar. total			35	July total			55	Nov. total			
16		7			36		7 15		56		7		
17		15			37				57	_	15		
18	April	22			38	August	22		58	Dec	22		
19		30			39		31		59		31		
20	Apr. total				40	Aug. tota	I		60	Dec. tota			
6	1 Total liabili	ty fo	r year (add m	onthly total lin	es fro	om above)			▶		61		
Se	ction II				Fo	rm 940	, U	nemployment 7	Tax	,			
	Qua	arter					L	iability for Quarter (Do no	t inclu	de state liabi	lity)		
Firs	st												
Second													
Third													
Fou	urth												
Total ————													
								nat I have examined the ab belief, it is true, correct, a			dule,	,	
Signature						Rilowieuge	bener, it is true, correct, di	iiu co	Date				