950117

OMB No. 1545-0029

Empl	over identification number (EIN) 3 7 8 9	Report for this Quarter of 2019 (Check one.)	
Name (not your trade name)		1: January, February, March	
Trad	le name (if any) Sm. th	2: April, May, June 3: July, August, September	
1100	(2) (20)		
Addr	Number Street Street At. 5	4: October, November, December	
	Temple: Az 3973	Go to www.irs.gov/Form941 for instructions and the latest information.	
	City State ZIP code		
	Foreign country name Foreign province/county Foreign postal code		
ead t	the separate instructions before you complete Form 941. Type or print within the boxes.		
art	1: Answer these questions for this quarter.		
1	Number of employees who received wages, tips, or other compensation for the pay pe including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 3)		
2	Wages, tips, and other compensation	1,300,430	
3	Federal income tax withheld from wages, tips, and other compensation	350,7589	
4	If no wages, tips, and other compensation are subject to social security or Medicare to	ax Check and go to line 6.	
	Column 1 Column		
5a	Taxable social security wages $32 \times 0.124 = 3$		

 $\times 0.124 =$

 $\times 0.029 =$

5c Taxable Medicare wages & tips.

Taxable social security tips .