9501.20

					
Emplo	oyer identification number (EIN)				Report for this Quarter of 2020 Check one.)
Nam	e (not your trade name)				1: January, February, March
Trad	le name (if any)				2: April, May, June
	e name (ii ariy)				3: July, August, September
Addı	ress Number Street		Suite or room num	uber	4: October, November, December
	Number Street			Go	o to www.irs.gov/Form941 for structions and the latest information.
	City	State	ZIP code	_ -	
	Foreign country name	Foreign province/county	Foreign postal co	ode	
	the separate instructions before you com	·	print within the bo	oxes.	
Part					
1	Number of employees who receive period including: <i>June 12</i> (Quarter 2)	- · · · · · · · · · · · · · · · · · · ·	-		1
	period including. Julie 12 (Quarter 2)	, <i>Sept. 12</i> (Quarter 5), 0	i Dec. 12 (Qualte	51 4)	
2	Wages, tips, and other compensation	1			2
3	Federal income tax withheld from wa	iges tins and other cor	mnensation		3
Ū	rederal modific tax withincia from we	iges, ups, and other cor	inperioation		
4	If no wages, tips, and other compens		cial security or M		Check and go to line 6.
		Column 1		Column 2	
		,			
5a	Taxable social security wages	-	× 0.124 =		
5a 5a	Taxable social security wages (i) Qualified sick leave wages		× 0.124 = × 0.062 =	•	
_			i ==		
5a	(i) Qualified sick leave wages		× 0.062 =		
5a 5a	(i) Qualified sick leave wages (ii) Qualified family leave wages .	•	× 0.062 = × 0.062 =		
5a 5a 5b	(i) Qualified sick leave wages (ii) Qualified family leave wages . Taxable social security tips		× 0.062 = × 0.062 = × 0.124 =		
5a 5a 5b 5c	(i) Qualified sick leave wages (ii) Qualified family leave wages . Taxable social security tips Taxable Medicare wages & tips Taxable wages & tips subject to		× 0.062 = × 0.062 = × 0.124 = × 0.029 = × 0.009 =		5e •
5a 5a 5b 5c 5d	(i) Qualified sick leave wages (ii) Qualified family leave wages . Taxable social security tips Taxable Medicare wages & tips Taxable wages & tips subject to Additional Medicare Tax withholding	s. Add Column 2 from line	× 0.062 = × 0.062 = × 0.124 = × 0.029 = × 0.009 = s 5a, 5a(i), 5a(ii), 5k	• • • • o, 5c, and 5d	5e • •
5a 5a 5b 5c 5d	(ii) Qualified sick leave wages (ii) Qualified family leave wages . Taxable social security tips Taxable Medicare wages & tips Taxable wages & tips subject to Additional Medicare Tax withholding Total social security and Medicare taxe	s. Add Column 2 from line	x 0.062 = x 0.062 = x 0.124 = x 0.029 = x 0.009 = x 5a, 5a(i), 5a(ii), 5t d tips (see instruction of the contraction of the contractio	o, 5c, and 5d	
5a 5a 5b 5c 5d 5e 5f	(i) Qualified sick leave wages (ii) Qualified family leave wages Taxable social security tips	s. Add Column 2 from line Tax due on unreported lines 3, 5e, and 5f	x 0.062 = x 0.062 = x 0.124 = x 0.029 = x 0.009 = x 5a, 5a(i), 5a(ii), 5b d tips (see instruction in the contraction in the contractio	• • • • • • • • • • • • • • • • • • •	5f -
5a 5a 5b 5c 5d 5e 5f 6	(ii) Qualified sick leave wages (iii) Qualified family leave wages Taxable social security tips	s. Add Column 2 from line Tax due on unreported lines 3, 5e, and 5f	x 0.062 = x 0.062 = x 0.062 = x 0.124 = x 0.029 = x 0.009 = s 5a, 5a(i), 5a(ii), 5t d tips (see instruction in the contraction in th	o, 5c, and 5d	5f
5a 5a 5b 5c 5d 5e 5f 6	(ii) Qualified sick leave wages (iii) Qualified family leave wages Taxable social security tips	s. Add Column 2 from line Tax due on unreported lines 3, 5e, and 5f	× 0.062 =		5f = 6 = 7
5a 5a 5b 5c 5d 5e 5f 6 7	(ii) Qualified sick leave wages (ii) Qualified family leave wages	s. Add Column 2 from line Tax due on unreported lines 3, 5e, and 5f	× 0.062 =	o, 5c, and 5d	5f
5a 5a 5b 5c 5d 5e 5f 6 7 8	(ii) Qualified sick leave wages (iii) Qualified family leave wages Taxable social security tips	s. Add Column 2 from line Tax due on unreported lines 3, 5e, and 5f	× 0.062 =	a a a a a a a a a a a a a a a a a a a	5f
5a 5a 5b 5c 5d 5e 7 8 9	(ii) Qualified sick leave wages	s. Add Column 2 from line Tax due on unreported lines 3, 5e, and 5f	× 0.062 =	a a a a a a a a a a a a a a a a a a a	5f
5a 5b 5c 5d 5e 5f 6 7 8 9	(ii) Qualified sick leave wages	s. Add Column 2 from line Tax due on unreported lines 3, 5e, and 5f	× 0.062 =	a a a a a a a a a a a a a a a a a a a	5f

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

Name (i	not your trade name)			Employer identification number (EIN)
Part '	Answer the	ese questions for this qu	arter. (continued)	
11d	Total nonrefund	dable credits. Add lines 11	a, 11b, and 11c	11d -
12	Total taxes afte	er adjustments and nonre	fundable credits. Subtract line 11d from lin	ne 10 . 12
13a	•	. ,	g overpayment applied from a prior qua X (PR), 944-X, or 944-X (SP) filed in the curren	
13b	Deferred amou	nt of the employer share	of social security tax	13b
13c	Refundable por	rtion of credit for qualified	I sick and family leave wages from Work	sheet 1 13c u
13d	Refundable por	rtion of employee retentio	n credit from Worksheet 1	13d
13e	Total deposits,	deferrals, and refundable	credits. Add lines 13a, 13b, 13c, and 13d	13e
13f	Total advances	received from filing Form	n(s) 7200 for the quarter	13f
13g	Total deposits, o	deferrals, and refundable cr	redits less advances. Subtract line 13f from I	ine 13e . 13g
14	Balance due. If	line 12 is more than line 13	g, enter the difference and see instructions	14
15	Overpayment. If	line 13g is more than line 12,	enter the difference	Check one: Apply to next return. Send a refund.
Part 2	2 Tell us abo	ut your deposit schedul	e and tax liability for this quarter.	
f you'	re unsure about	whether you're a monthly	schedule depositor or a semiweekly sc	hedule depositor, see section 11 of Pub. 15.
16 (Check one:	and you didn't incur a \$ quarter was less than \$2 federal tax liability. If you	100,000 next-day deposit obligation duri ,500 but line 12 on this return is \$100,000	n for the prior quarter was less than \$2,500, ing the current quarter. If line 12 for the prior 0 or more, you must provide a record of your plete the deposit schedule below; if you're a p Part 3.
		You were a monthly sch liability for the quarter, the	•	Enter your tax liability for each month and total
		Tax liability: Month 1		
		Month 2		
		Month 3		
	Т	Total liability for quarter	■ Total	must equal line 12.
			schedule depositor for any part of this Semiweekly Schedule Depositors, and atta	quarter. Complete Schedule B (Form 941), ch it to Form 941. Go to Part 3.
▶ Y	ou MUST comple	ete all three pages of For	m 941 and SIGN it.	Next ■▶

Name (not your trade name	9)	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 busine	ss has closed or you stopped paying wages	Check here, and			
	enter the final o	date you paid wages / / ; also attach a stateme	nt to your return. See instructions.			
18	If you're a sea	sonal employer and you don't have to file a return for every qua	rter of the year Check here.			
19	Qualified heal	nealth plan expenses allocable to qualified sick leave wages				
20	Qualified heal	th plan expenses allocable to qualified family leave wages	20			
21	Qualified wag	es for the employee retention credit	21			
22	Qualified heal	th plan expenses allocable to wages reported on line 21	22			
23	Credit from Fo	orm 5884-C, line 11, for this quarter	23			
24	Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941)					
25		th plan expenses allocable to wages reported on line 24 (use t d quarter filing of Form 941)	his line only			
Part 4	4: May we s	peak 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. Design	nee's name and phone number				
	Select a 5-digit personal identification number (PIN) to use when talking to the IRS.					
	□ No.					
Part		. You MUST complete all three pages of Form 941 and SIGN				
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.						
1	Sign	vour l	Print your name here			
name			Print your title here			
		Date / /	Best daytime phone			
Pa	aid Preparer l	Jse Only	Check if you're self-employed			
Prep	arer's name		PTIN			
Prep	parer's signature		Date / /			
	's name (or yours f-employed)		EIN			
Addı	ress		Phone			
City		Stata	7ID code			

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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.

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 2020," "2nd Quarter 2020," "3rd Quarter 2020," or "4th Quarter 2020") 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.

<u>⊶</u>		etach Hei	e and Mail With Your Payment and Form 941. V				
E 941-V Department of the Treasury Internal Revenue Service ► D		>	Payment Voucher Don't staple this voucher or your payment to Form 941.		OMB No. 1545-0029		
Enter your employ number (EIN).	er identificatior		Enter the amount of your payment. ► Make your check or money order payable to "United States Treasury"	Dollars		Cents	
3 Tax Period			4 Enter your business name (individual name if sole proprietor).				
1st Quarter		3rd Quarter	Enter your address.				
2nd Quarter		4th	Enter your city, state, and ZIP code; or your city, foreign country name	, foreign province/cour	nty, 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

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.