941 for 2024: Employer's QUARTERLY Federal Tax Return

950124

| Form (Rev. M | arch 2 | | nt of the Treasury — Internal Revenue Service | OMB No. 1545-0029 |
|--------------|---------|--|---|---------------------------|
| Emplo | oyer id | entification number (EIN) | Report for this (Check one.) | Quarter of 2024 |
| Nam | e (not | your trade name) | 1: January, Fel | bruary, March |
| Trad | e nam | ne (if any) | 2: April, May, | June |
| | | | 3: July, August | i, September |
| Addı | ress | Number Street | Suite or room number | ovember, December |
| | | | Go to www.irs.gov instructions and the | e latest information. |
| | | City | State ZIP code | |
| | | Foreign country name | Foreign province/county Foreign postal code | |
| Spad t | the se | | complete Form 941. Type or print within the boxes. | |
| Part | Nun | Mariana Islands, the U.S. V subject to U.S. income tax nber of employees who recei | this quarter. Employers in American Samoa, Guam, the Commonwergin Islands, and Puerto Rico can skip lines 2 and 3, unless you have withholding. ed wages, tips, or other compensation for the pay period et 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) | |
| _ | | , , , | | |
| 2 | | ges, tips, and other compens | | |
| 3 | | | n wages, tips, and other compensation | • |
| 4 | If no | o wages, tips, and other com | | here and go to line 6. |
| 5a | Tax | able social security wages . | Column 1 | |
| 5b | | able social security tips | . × 0.124 = • | |
| _ | | | | |
| 5c 5d | | able Medicare wages & tips. able wages & tips subject to | . × 0.029 = | |
| ou | | litional Medicare Tax withhol | ling × 0.009 = | |
| 5e | Tota | al social security and Medicare | taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d 5e | |
| 5f | Sec | tion 3121(q) Notice and Dem | and—Tax due on unreported tips (see instructions) 5f | • |
| 6 | Tota | al taxes before adjustments. | Add lines 3, 5e, and 5f | • |
| 7 | Cur | rent quarter's adjustment fo | fractions of cents | |
| 8 | Cur | rent quarter's adjustment fo | sick pay | - |
| 9 | Cur | rent quarter's adjustments fo | r tips and group-term life insurance 9 | - |
| 10 | Tota | al taxes after adjustments. C | ombine lines 6 through 9 | • |
| 11 | Qua | llified small business payroll ta | x credit for increasing research activities. Attach Form 8974 | • |
| 12 | | | d nonrefundable credits. Subtract line 11 from line 10 12 | • |
| 13 | Tota | al deposits for this quarter, | ncluding overpayment applied from a prior quarter and 1941-X, 941-X (PR), or 944-X filed in the current quarter | |
| 14 | Bala | ance due. If line 12 is more tha | n line 13, enter the difference and see instructions 14 | |
| 15 | | rpayment. If line 13 is more than | | xt return. Send a refund. |
| | - | | | |

| Name (not your trade name | 9) | | | Employer identification number (EIN) | | | | | | |
|---|---|---|----------------|---|--|--|--|--|--|--|
| Part 2: Tell us ab | out your deposit schedule a | and tax liability for this quart | er. | | | | | | | |
| If you're unsure abou | ıt whether you're a monthly s | chedule depositor or a semiw | eekly sch | edule depositor, see section 11 of Pub. 15. | | | | | | |
| 16 Check one: | and you didn't incur a \$100 quarter was less than \$2,500 federal tax liability. If you're | ess than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, 00,000 next-day deposit obligation during the current quarter. If line 12 for the prior 500 but line 12 on this return is \$100,000 or more, you must provide a record of your 're a monthly schedule depositor, complete the deposit schedule below; if you're a sitor, attach Schedule B (Form 941). Go to Part 3. | | | | | | | | |
| | | were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total ility for the quarter, then go to Part 3. | | | | | | | | |
| | Tax liability: Month 1 | • | | | | | | | | |
| | Month 2 | | | | | | | | | |
| | Month 3 | | | | | | | | | |
| | Total liability for quarter | • | Total m | nust 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. | | | | | | | | | | |
| Part 3: Tell us ab | | miweekly Schedule Depositors, | | | | | | | | |
| | ss has closed or you stopped | | | | | | | | | |
| enter the final of | date you paid wages / | / : also attach a sta | itement to | your return. See instructions. | | | | | | |
| | , | t have to file a return for ever | | | | | | | | |
| | | | y quarter v | Check here. | | | | | | |
| 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. Desig | gnee's name and phone numbe | | | | | | | | | |
| Selec | ct a 5-digit personal identification | on number (PIN) to use when tal | king to the | 9 IRS | | | | | | |
| No. | | | | | | | | | | |
| | • | pages of Form 941 and SIGI | | and statements, and to the best of my knowledge | | | | | | |
| | | preparer (other than taxpayer) is bar | sed on all in | formation of which preparer has any knowledge. | | | | | | |
| Sign your | | | your e here | | | | | | | |
| name here | | | your | | | | | | | |
| | | title ł | nere _ | | | | | | | |
| Date | / / | Best | daytime p | hone | | | | | | |
| Paid Preparer I | Use Only | | С | heck if you're self-employed | | | | | | |
| Preparer's name | | | | PTIN | | | | | | |
| Preparer's signature | | | | Date / / | | | | | | |
| Firm's name (or yours if self-employed) | | | | EIN | | | | | | |
| Address | | | | Phone | | | | | | |
| City | | State | | 7IP code | | | | | | |

Page **2** Form **941** (Rev. 3-2024)

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 going to *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 2024," "2nd Quarter 2024," "3rd Quarter 2024," or "4th Quarter 2024") 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.

Detach Here and Mail With Your Payment and Form 941.

| Dep | 941-V partment of the Treasury rnal Revenue Service | Payment Voucher Don't staple this voucher or your payment to Form 941. | | | | | OMB No. 1545-0029 | |
|--------------|---|---|----------------|---|--|-----------------------|-------------------|--------------|
| 1 | Enter your employer id number (EIN). | entification | | 2 | Enter the amount of your payment. Make your check or money order payable to "United States Treasury." | Dollars | | Cents |
| 3 Tax Period | | | | 4 | 4 Enter your business name (individual name if sole proprietor). | | | |
| | 1st Quarter | | 3rd Quarter | | Enter your address. | | | |
| | 2nd Quarter | | 4th Quarter | | Enter your city, state, and ZIP code; or your city, foreign country name, | foreign province/coun | ity, and foreign | postal code. |