950117

Form **941 for 2020:** Employer's QUARTERLY Federal Tax Return

OMD No. 1545 0000

Rev. Ja	nuary 2020) Department of	the Treasury - Internal Rever	nue Service			OMB No. 1545-0029		
Emplo	yer identification number (EIN)				Repo (Check	rt for this Quarter of 2020 one.)		
Nam	(not your trade name)				1: J	anuary, February, March		
T 1	(6			$\neg \vdash \vdash$	2: A	pril, May, June		
Trad	e name (if any)				☐ 3: J	uly, August, September		
Addr	ss	4: 0	October, November, December					
	Number Street		Suite or room numb	er		ww.irs.gov/Form941 for		
					instruct	ions and the latest information.		
	City	State	ZIP code	_				
		_ [
	Foreign country name	Foreign province/county	Foreign postal cod					
	ne separate instructions before you con		r print within the box	xes.				
Part		-	managation for the		J			
1	Number of employees who received including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i>							
	• , , ,	, , , ,	,,	•				
2	Wages, tips, and other compensatio	n			. 2	•		
3	Federal income tax withheld from wa	ages, tips, and other co	mpensation		. з Г			
		.				7		
4	If no wages, tips, and other compens		cial security or Me		L	Check and go to line 6.		
		Column 1	-	Column 2				
5a	Taxable social security wages		× 0.124 =					
5b	Taxable social security tips		× 0.124 =					
5с	Taxable Medicare wages & tips	-	× 0.029 =	ı	•			
5d	Taxable wages & tips subject to	_	× 0.009 =					
	Additional Medicare Tax withholding	-	× 0.009 = [
5e	Add Column 2 from lines 5a, 5b, 5c,	and 5d			. 5e			
5f	Section 3121(q) Notice and Demand	—Tay due on unreporte	d tine (see instruct	ione)	. 5f			
Ji	Section 3121(q) Notice and Demand	- rax due on unreporte	d tips (see mstructi	10115)	. Ji _			
6	Total taxes before adjustments. Add	lines 3, 5e, and 5f			6	•		
7	Current quarter's adjustment for frac	ctions of cents			. 7	-		
•	our ent quarter 3 aujustinent for ma	, tions of cents			' <u> </u>			
8	Current quarter's adjustment for sic	крау			. 8			
9	Current quarter's adjustments for tip	s and group-term life in	surance		9			
	current quarter o adjustments for ap	yana group tomi mo m				<u>-</u>		
10	Total taxes after adjustments. Comb	ine lines 6 through 9 .			. 10			
11	Qualified small business payroll tax cr	edit for increasing resea	rch activities Attac	h Form 897 <i>4</i>	- 11			
•	Qualified striain business payron tax of	July 101 moredaing react	ron activities. 7 mas	111 01111 007 4		-		
12	Total taxes after adjustments and cr	edits. Subtract line 11 fr	om line 10		. 12			
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13							
14	Balance due. If line 12 is more than lin	e 13, enter the difference	e and see instructio	ns	14			
4 5	Overmonment If the 40 is seen that the	10 optor the difference				7		
15 - v	Overpayment. If line 13 is more than line		-	Check	one: L	Apply to next return. Send a refund. Next ■		
	ou MUST complete both pages of For	m 341 and Sign it.				NGAL		

Name (not your trade name)	Employer identification number (EIN)				
Part 2: Tell us about your deposit schedule and tax liability for this quarter.					
If you are unsure about whether you are a monthly schedule depositor or a semiwe	ekly schedule depositor, see section 11				
incur a \$100,000 next-day deposit obligation during the current quar line 12 on this return is \$100,000 or more, you must provide a record	Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.				
You were a monthly schedule depositor for the entire quart liability for the quarter, then go to Part 3.	er. Enter your tax liability for each month and tota				
Tax liability: Month 1 ■					
Month 2					
Month 3					
Total liability for quarter	otal must equal line 12.				
You were a semiweekly schedule depositor for any part of Report of Tax Liability for Semiweekly Schedule Depositors, and	• • • • • • • • • • • • • • • • • • • •				
Part 3: Tell us about your business. If a question does NOT apply to your business.	ness, leave it blank.				
17 If your business has closed or you stopped paying wages	Check here, and				
enter the final date you paid wages / / .					
18 If you are a seasonal employer and you don't have to file a return for every qua	arter of the year				
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 discus for details.	s this return with the IRS? See the instructions				
Yes. Designee's name and phone number					
Select a 5-digit Personal Identification Number (PIN) to use when talking t	o the IRS.				
□ No.					
Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedular and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on					
	Print your				
Sign your name here	Print your				
	title here				
Date / /	Best daytime phone				
Paid Preparer Use Only	Check if you are self-employed				
Preparer's name	PTIN				
Preparer's signature	Date / /				
Firm's name (or yours if self-employed)	EIN				
Address	Phone				
City	ZIP code				

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 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>	D€	m 941. ▼						
E 941-V Department of the Treasury Internal Revenue Service ▶ □			Dor	Payment Voucher of the staple this voucher or your payment to Form 941.		OMB No. 1545-0029		
Enter your employer identification number (EIN).			2	Enter the amount of your payment. ► Make your check or money order payable to "United States Treasury"	Dollars	3	Cents	
3 Tax Period				Finter your business name (individual name if sole proprietor).				
1st Quarter		3rd Quarter		Enter your address.				
2nd Ouarter		4th Quarter		Enter your city, state, and ZIP code; or your city, foreign country name	e, foreign province/cour	nty, and foreign	postal code.	