950109

Form 941 for 2009: Employer's QUARTERLY Federal Tax Return

| (Rev. | April 20 | 09) | Departme | ent of the Treasury - | – Internal F | Revenue Servic | e | | OMB No. 1545-0029 |
|-----------------------|----------|---------------|--|-----------------------|--------------|--|-------------------|---------------|--|
| (EIN) Employer ide | | identificatio | on number | | | | | | port for this Quarter of 2009 ck one.) |
| Name (not ye | | your trade | name) | | | | | | 1: January, February, March |
| _ | | | | | | | | | 2: April, May, June |
| Tra | ide nam | ne (if any) | | | | | | | |
| Add | dress | Number | Street | | | Suita | or room number | | 3: July, August, September |
| | | Number | Street | | | Suite | or room number | | 4: October, November, December |
| | | City | | | State | | | | |
| | | | nstructions before you hese questions for | | 941. Typ | e or print w | ithin the boxe | S. | |
| | | | | · · | u othou o | omponosti. | on for the new | noriod | |
| 1 | | | ployees who receive : 12 (Quarter 1), <i>Jun</i> | | | | | | |
| 2 | Wage | es, tips, a | and other compensa | tion | | | | 2 | |
| 3 | Incon | ne tax wi | ithheld from wages, | tips, and other | compen | sation | | 3 | |
| 4 | If no | wages, t | ips, and other comp | ensation are su | bject to | social secu | rity or Medic | are tax | Check and go to line 6. |
| 5 | Taxal | ble socia | I security and Medic | _ | - | | | | Ç |
| | | | | Column | 1 | 1 1 | Colur | mn 2 | |
| | 5a Ta | axable so | cial security wages | | | 」× .124 = │ | | | |
| | 5b Ta | axable so | ocial security tips | | • | × .124 = | | • | |
| | 5c Ta | axable Me | edicare wages & tips | | | × .029 = | | • | |
| | 5d To | otal socia | al security and Medi | care taxes (Colu | ımn 2, liı | nes 5a + 5b |) + 5c = line (| 5d) 5d | |
| 6 7 | CUR | | efore adjustments (li IARTER'S ADJUSTM ctions. | | , | | nts adjustmen | | |
| | 7a C | urrent qu | arter's fractions of | cents | | | | • | |
| | 7b C | urrent qu | ıarter's sick pay . | | | | | | |
| | 7c C | urrent qua | arter's adjustments fo | or tips and group | -term life | e insurance | | | |
| | 7d T | OTAL AD | JUSTMENTS. Comb | ine all amounts | on lines 7 | a through 7 | c | 7d | |
| 8 | Total | taxes af | ter adjustments. Co | mbine lines 6 and | d 7d . | | | 8 | • |
| 9 | Adva | nce earn | ed income credit (E | IC) payments m | ade to e | mployees . | | 9 | • |
| 10 | Total | taxes af | ter adjustment for a | dvance EIC (line | 8 – line | 9 = line 10 |) | 10 | |
| 11 | prior | | for this quarter, inc | t applied from | Form | | | | |
| | FOIIII | 344-A . | | | | | | | |
| 12a | СОВІ | RA premi | um assistance payn | nents (see instru | ctions) . | | | • | |
| 12b | | | lividuals provided CC orted on line 12a | | | | | | |
| 13 | Add I | lines 11 a | and 12a | | | | | 13 | |
| 14 | Balar | nce due. | If line 10 is more tha | an line 13, write | the diffe | rence here | | 14 | |
| 45 | | | on how to pay, see | | bo diff- | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | _ | Apply to next return. |
| 15 | | | If line 13 is more that | | | ence nere | | | Check one ☐ Send a refund. Next → |
| | TOU IVI | OSI COM | plete both pages of | rum 941 and Si | GIV IL. | | | | INEXT - |

| Part 2: Tell us about your deposit schedule and tax liability for this quarter. | | | | | | | | |
|---|---|----------------|-----------------|---------------------|--|--|--|--|
| If you are unsure a (Circular E), section | | u are a mon | thly schedule o | lepositor or a sen | niweekly schedule depositor, see Pub. 15 | | | |
| | Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in <i>multiple</i> states. | | | | | | | |
| 17 Check one: | Line 10 is less than \$2,500. Go to Part 3. | | | | | | | |
| | You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month. Then go to Part 3. | | | | | | | |
| | Tax liability: | Month 1 | | | | | | |
| | | Month 2 | | | | | | |
| | | Month 3 | | | | | | |
| | Total liability for | or quarter | | | Total must equal line 10. | | | |
| | You were a | semiweekly | | | t of this quarter. Complete Schedule B (Form 941): , and attach it to Form 941. | | | |
| Part 3: Tell us ab | , | | • | • | business, leave it blank. | | | |
| 18 If your busine | | | | | | | | |
| - | | | , paying wage | s | | | | |
| | date you paid wag | | | | | | | |
| | | | | le a return for ev | ery quarter of the year Check here. | | | |
| Part 4: May we s | · · · · · | | | | | | | |
| for details. | 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 | Yes. Designee's name and phone number | | | | | | | |
| | Too. Designed a fidate and priorie fidation. | | | | | | | |
| Selec | t a 5-digit Person | al Identificat | ion Number (PIN | I) to use when talk | king to the IRS. | | | |
| □ No. | | | | | | | | |
| Part 5: Sign here | . You MUST cor | nplete both | n pages of For | m 941 and SIGN | it. | | | |
| | | | | | hedules and statements, and to the best of my knowledge don all information of which preparer has any knowledge. | | | |
| - A | | | | | Print your | | | |
| Sign ye | | | | | name here | | | |
| name I | nere | | | | Print your title here | | | |
| | | | | | (| | | |
| | Date/ | / | | | Best daytime phone | | | |
| Paid preparer's | use only | | | | Check if you are self-employed | | | |
| Preparer's name | | | | | Preparer's SSN/PTIN | | | |
| Preparer's signature | | | | | Date / / | | | |
| Firm's name (or yours if self-employed) | | | | | EIN | | | |
| Address | | | | | Phone () – | | | |
| City | | | | State | ZIP code | | | |

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and make a payment with that return, please provide this payment voucher to the return preparer.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 only if:

- Your net taxes for the quarter (line 10 on Form 941) are less than \$2,500 and you are paying in full with a timely filed return or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must deposit your payment at an authorized financial institution or by using the Electronic Federal Tax Payment System (EFTPS). See section 11 of Pub. 15 (Circular E) for deposit instructions. Do not use Form 941-V to make federal tax deposits.

Caution. Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15 (Circular E).

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, apply for one on Form SS-4, Application for Employer Identification Number, and 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 capsule identifying the quarter for which the payment is made. Darken only one capsule.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not 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.

| Q |
|---|
| 0 |

| 941-V | | OMB No. 1545-0029 | | | |
|--|--------------|--|------|-------|--|
| Department of the Treasury Internal Revenue Service | ▶ Do | Payment Voucher not staple this voucher or your payment to Form 941. | 2009 | | |
| Enter your employer iden number (EIN). | tification | Enter the amount of your payment. ▶ | lars | Cents | |
| 3 Tax period | ⊘ 3rd | 4 Enter your business name (individual name if sole proprietor). | | | |
| Quarter | Quarter | Enter your address. | | | |
| 2nd Quarter | Quarter | Enter your city, state, and ZIP 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, including income tax withholding. This form is used to determine the amount of the taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires filers and paid preparers to provide their identifying numbers. If you fail to provide this information in a timely manner, you may be subject to penalties and interest.

You are 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 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:

| Recordkeeping | | 12 hr., 39 min. |
|--|----|-----------------|
| Learning about the law or the form | | 40 min. |
| Preparing the form | i. | 1 hr., 49 min. |
| Copying, assembling, and sending the form to the IRS | | 16 min. |

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 write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* on page 4 of the Instructions for Form 941.