Form **941 for 2016:** Employer's QUARTERLY Federal Tax Return

(Rev. January 2014) Department of the Treasury — Internal Revenue Service

970114

OMB No. 1545-0029

Employer identification number (EIN) 450612334

Name (not your trade name) TOP FLOOR DESIGNS CORP

Trade name (if any)

Address 225 CLEVALAND AVE

LONG BRANCH NJ 07740

Foreign country name   Foreign province/county   Foreign postal code

Report for this Quarter of 2016
(Check one.)

[ ] **1:** January, February, March

[ ] **2:** April, May, June

[ ] **3:** July, August, September

[X] **4:** October, November, December

Instructions and prior year forms are available at www.irs.gov/form941.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) . . . **1**	2
2	Wages, tips, and other compensation. **2**	3,629.60
3	Federal Income tax withheld from wages, tips, and other compensation. **3**	304.34
4	If no wages, tips, and other compensation are subject to social security or Medicare tax. . . . . . . [ ] Check and go to line 6.	

	Column 1		Column 2
5a Taxable social security wages.	3,680.00	x .124 =	456.32
5b Taxable social security tips.	0.00	x .124 =	0.00
5c Taxable Medicare wages & tips.	3,680.00	x .029 =	106.72
5d Taxable wages & tips subject to Additional Medicare Tax withholding . . .	0.00	x .009 =	0.00

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d **5e**	563.04
5f	Section 3121(q) Notice and Demand--Tax due on unreported tips (see instructions). **5f**	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f **6**	867.38
7	Current quarter's adjustment for fractions of cents **7**	0.00
8	Current quarter's adjustment for sick pay **8**	0.00
9	Current quarter's adjustments for tips and group-term life insurance. **9**	0.00
10	Total taxes after adjustments. Combine lines 6 through 9. . . . . **10**	867.38
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter **11**	867.38
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions. **12**	0.00

13 Overpayment. If line 11 is more than line 10, enter the difference 0.00 Check one: [ ] Apply to next return. [ ] Send a refund.

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher.

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Name (not your trade name)	**Employer identification number (EIN)**
TOP FLOOR DESIGNS CORP	450612334

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 semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 Check one:
☐ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 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 quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	867.38
	Month 2	0.00
	Month 3	0.00
Total liability for quarter		867.38	**Total must equal line 10.**

☒ **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.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 If your business has closed or you stopped paying wages . . . . ☐ Check here, and

enter the final date you paid wages [＿＿＿＿＿＿] .

16 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . . ☐ 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 instructions for details.

☐ Yes. Designee's name and phone number [＿＿＿＿＿＿＿＿＿] [＿＿＿＿＿＿＿]

Select a 5-digit Personal Identification Number (PIN) to use when talking to 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 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.

▶ **Sign your name here** [＿＿＿＿＿＿＿＿＿]

Print 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	[＿＿＿＿＿]	State [＿＿]	ZIP code [＿＿＿＿＿]

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Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

Department of the Treasury – Internal Revenue Service

OMB No. 1545-0029   970311

Calendar Year 2016

Employer identification number 450612334

Name (not your trade name)   TOP FLOOR DESIGNS CORP

Report for this Quarter

- [ ] **1:** January, February, March
- [ ] **2:** April, May, June
- [ ] **3:** July, August, September
- [X] **4:** October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 or Form 941-SS, DO NOT change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was $100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Month 1

#		#		#		#	
1	0.00	9	0.00	17	0.00	25	0.00
2	0.00	10	0.00	18	0.00	26	0.00
3	0.00	11	0.00	19	0.00	27	0.00
4	0.00	12	0.00	20	0.00	28	433.69
5	0.00	13	0.00	21	0.00	29	0.00
6	0.00	14	0.00	22	0.00	30	0.00
7	433.69	15	0.00	23	0.00	31	0.00
8	0.00	16	0.00	24	0.00		

Tax liability for Month 1

867.38

Month 2

#		#		#		#	
1	0.00	9	0.00	17	0.00	25	0.00
2	0.00	10	0.00	18	0.00	26	0.00
3	0.00	11	0.00	19	0.00	27	0.00
4	0.00	12	0.00	20	0.00	28	0.00
5	0.00	13	0.00	21	0.00	29	0.00
6	0.00	14	0.00	22	0.00	30	0.00
7	0.00	15	0.00	23	0.00	31	0.00
8	0.00	16	0.00	24	0.00		

Tax liability for Month 2

0.00

Month 3

#		#		#		#	
1	0.00	9	0.00	17	0.00	25	0.00
2	0.00	10	0.00	18	0.00	26	0.00
3	0.00	11	0.00	19	0.00	27	0.00
4	0.00	12	0.00	20	0.00	28	0.00
5	0.00	13	0.00	21	0.00	29	0.00
6	0.00	14	0.00	22	0.00	30	0.00
7	0.00	15	0.00	23	0.00	31	0.00
8	0.00	16	0.00	24	0.00		

Tax liability for Month 3

0.00

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 10 on Form 941 or Form 941-SS.

Total liability for the quarter

867.38

For Paperwork Reduction Act Notice, see separate instructions.   IRS.gov/form941   BIA   **Schedule B (Form 941)** (Rev. 1-2014)