

# Employer's Quarterly Federal Tax Return

4141

▶ See separate instructions for information on completing this form.

Please type or print.

Enter state code for state in which deposits made ▶ (see page 2 of instructions).

Name (as distinguished from trade name) \_\_\_\_\_ Date quarter ended \_\_\_\_\_

Trade name, if any \_\_\_\_\_ Employer identification number \_\_\_\_\_

Address (number and street) \_\_\_\_\_ City, state, and ZIP code \_\_\_\_\_

OMB No. 1545-0029  
 Expires 1-31-96

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If address is different from prior return, check here ▶

IRS Use	1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	4	4	4
	5	5	5	6	7	8	8	8	8	8	9	9	9	10	10	10	10	10	10	10

If you do not have to file returns in the future, check here ▶  Date final wages paid . . . ▶ \_\_\_\_\_

If you are a seasonal employer, see **Seasonal employers** on page 1 and check here ▶

<b>1</b> Number of employees (except household) employed in the pay period that includes March 12th ▶			
<b>2</b> Total wages and tips subject to withholding, plus other compensation . . . . .	<b>2</b>		
<b>3</b> Total income tax withheld from wages, tips, pensions, annuities, sick pay, gambling, etc. . . . .	<b>3</b>		
<b>4</b> Adjustment of withheld income tax for preceding quarters of calendar year (see instructions) . . . . .	<b>4</b>		
<b>5</b> Adjusted total of income tax withheld (line 3 as adjusted by line 4—see instructions) . . . . .	<b>5</b>		
<b>6a</b> Taxable social security wages . . . . . \$ _____ × 12.4% (.124) =	<b>6a</b>		
<b>b</b> Taxable social security tips . . . . . \$ _____ × 12.4% (.124) =	<b>6b</b>		
<b>7</b> Taxable Medicare wages and tips . . . . . \$ _____ × 2.9% (.029) =	<b>7</b>		
<b>8</b> Total social security and Medicare taxes (add lines 6a, 6b, and 7) . . . . .	<b>8</b>		
<b>9</b> Adjustment of social security and Medicare taxes (see instructions for required explanation) . . . . .	<b>9</b>		
<b>10</b> Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9—see instructions)	<b>10</b>		
<b>11</b> Backup withholding (see instructions) . . . . .	<b>11</b>		
<b>12</b> Adjustment of backup withholding tax for preceding quarters of calendar year . . . . .	<b>12</b>		
<b>13</b> Adjusted total of backup withholding (line 11 as adjusted by line 12) . . . . .	<b>13</b>		
<b>14 Total taxes</b> (add lines 5, 10, and 13) . . . . .	<b>14</b>		
<b>15</b> Advance earned income credit (EIC) payments made to employees, if any . . . . .	<b>15</b>		
<b>16</b> Net taxes (subtract line 15 from line 14). <b>This should equal line 20, col. (d), below or line D of Schedule B</b> (plus line D of Schedule A if you treated backup withholding as a separate liability)	<b>16</b>		
<b>17 Total deposits for quarter</b> , including overpayment applied from a prior quarter, from your records	<b>17</b>		
<b>18 Balance due</b> (subtract line 17 from line 16). This should be less than \$500. Pay to the Internal Revenue Service . . . . .	<b>18</b>		
<b>19 Overpayment</b> , if line 17 is more than line 16, enter excess here ▶ \$ _____ and check if to be: <input type="checkbox"/> Applied to next return <b>OR</b> <input type="checkbox"/> Refunded.			

**20 Monthly Summary of Federal Tax Liability.** If line 16 is less than \$500, you need not complete line 20. If you are a monthly depositor, summarize your monthly tax liability below. If you are a semiweekly depositor or have accumulated a tax liability of \$100,000 or more on any day, attach Schedule B (Form 941) and check here (see instructions) . . . . . ▶

	(a) First month	(b) Second month	(c) Third month	(d) Total for quarter
Liability for month				

**Sign Here**

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.

Signature ▶ \_\_\_\_\_ Print Your Name and Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_