

Employer's Quarterly Federal Tax Return

▶ See separate instructions revised January 2001 for information on completing this return.

Please type or print.

Enter state code for state in which deposits were made **only** if different from state in address to the right ▶ (see page 2 of separate instructions).

Name (as distinguished from trade name) **The xyz company**
 Trade name, if any
Ace Plumbing and Electrical of Texas
 Address (number and street)
P.O. Box 123
123 Winding Road
LittleTown, Texas 78654-1234

Date quarter ended **03/31/2001**
 Employer identification number **12-3456777**
 City, state, and ZIP code

OMB No. 1545-0029

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If address is different from prior return, check here ▶

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

A If you do not have to file returns in the future, check here ▶ and enter date final wages paid ▶ _____
B If you are a seasonal employer, see **Seasonal employers** on page 1 of the instructions and check here ▶

1 Number of employees in the pay period that includes March 12th . . . ▶	1	0		
2 Total wages and tips, plus other compensation	2	92,110	78	
3 Total income tax withheld from wages, tips, and sick pay	3	7,587	73	
4 Adjustment of withheld income tax for preceding quarters of this calendar year	4	0	00	
5 Adjusted total of income tax withheld (line 3 as adjusted by line 4)	5	7,587	73	
6 Taxable social security wages	6a	95,319	62	$\times 12.4\% (.124) =$
Taxable social security tips	6c	0	00	$\times 12.4\% (.124) =$
7 Taxable Medicare wages and tips	7a	95,319	62	$\times 2.9\% (.029) =$
8 Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax ▶ <input type="checkbox"/>	8	14,583	90	
9 Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ <u>0.00</u> ± Fractions of Cents \$ <u>-0.06</u> ± Other \$ _____ =	9	-0	06	
10 Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9)	10	14,583	84	
11 Total taxes (add lines 5 and 10)	11	22,171	57	
12 Advance earned income credit (EIC) payments made to employees (see instructions)	12	0	00	
13 Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))	13	22,171	57	
14 Total deposits for quarter, including overpayment applied from a prior quarter	14	22,171	57	
15 Balance due (subtract line 14 from line 13). See instructions	15	0	00	
16 Overpayment. If line 14 is more than line 13, enter excess here ▶ \$ _____ and check if to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded.				

- **All filers:** If line 13 is less than \$2,500, **do not** complete line 17 or Schedule B (Form 941).
- **Semiweekly schedule depositors:** Complete Schedule B (Form 941) and check here ▶
- **Monthly schedule depositors:** Complete line 17, columns (a) through (d), and check here. ▶

17 Monthly Summary of Federal Tax Liability. (Complete Schedule B (Form 941) instead, if you were a semiweekly schedule depositor.)			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter
17,675.75	4,495.82	0.00	22,171.57

Do you want to allow another person to discuss this return with the IRS (see separate instructions)? Yes. Complete the following. No

Third Party Designee
 Designee's name ▶ _____ Phone no. ▶ () _____ Personal identification number (PIN) ▶ _____

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 ▶ _____

**SCHEDULE B
(FORM 941)**

(Rev. January 2002)
Department of the Treasury
Internal Revenue Service

Employer's Record of Federal Tax Liability

▶ See Circular E for more information about employment tax returns.

OMB No. 1545-0029

5151

▶ Attach to Form 941 or 941-SS.

Name as shown on Form 941 (or Form 941-SS)

Employer identification number

Date quarter ended

The xyz company

12-3456777

03/31/2001

You must complete this schedule if you are required to deposit on a semiweekly schedule, or if your tax liability on any day is \$100,000 or more. Show tax liability here, **not** deposits. (The IRS gets deposit data from FTD coupons or EFTPS.)

A. Daily Tax Liability—First Month of Quarter

1	0	00	8	0	00	15	0	00	22	0	00	29	0	00	
2	0	00	9	0	00	16	0	00	23	0	00	30	0	00	
3	0	00	10	4,334	70	17	4,492	79	24	4,670	33	31	4,177	93	
4	0	00	11	0	00	18	0	00	25	0	00				
5	0	00	12	0	00	19	0	00	26	0	00				
6	0	00	13	0	00	20	0	00	27	0	00				
7	0	00	14	0	00	21	0	00	28	0	00				
A Total tax liability for first month of quarter													A	17,675	75

B. Daily Tax Liability—Second Month of Quarter

1	0	00	8	0	00	15	0	00	22	0	00	29	0	00	
2	0	00	9	0	00	16	0	00	23	0	00	30	0	00	
3	0	00	10	0	00	17	0	00	24	0	00	31	0	00	
4	0	00	11	0	00	18	0	00	25	0	00				
5	0	00	12	0	00	19	0	00	26	0	00				
6	0	00	13	0	00	20	0	00	27	0	00				
7	4,495	82	14	0	00	21	0	00	28	0	00				
B Total tax liability for second month of quarter													B	4,495	82

C. Daily Tax Liability—Third Month of Quarter

1	0	00	8	0	00	15	0	00	22	0	00	29	0	00	
2	0	00	9	0	00	16	0	00	23	0	00	30	0	00	
3	0	00	10	0	00	17	0	00	24	0	00	31	0	00	
4	0	00	11	0	00	18	0	00	25	0	00				
5	0	00	12	0	00	19	0	00	26	0	00				
6	0	00	13	0	00	20	0	00	27	0	00				
7	0	00	14	0	00	21	0	00	28	0	00				
C Total tax liability for third month of quarter													C	0	00
D Total for quarter (add lines A, B, and C). This should equal line 13 of Form 941 (or line 10 of Form 941-SS)													D	22,171	57