

Form **941-SS for 2006:** **Employer's QUARTERLY Federal Tax Return**

(Rev. October 2006)

Department of the Treasury — Internal Revenue Service

American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands

OMB No. 1545-0029

(EIN)   -

Employer identification number

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

**Report for this Quarter ...**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Read the separate instructions before you fill out this form. Please 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), Dec. 12 (Quarter 4)* **1**

**2**

**3**

**4** If no wages, tips, and other compensation are subject to social security or Medicare tax . . . .  Check and go to line 7.

**5** Taxable social security and Medicare wages and tips:

Column 1

Column 2

**5a** Taxable social security wages  × .124 =

**5b** Taxable social security tips  × .124 =

**5c** Taxable Medicare wages & tips  × .029 =

**5d** Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) . . . **5d**

**6**

**7** TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7h.):

**7a** Current quarter's fractions of cents . . . . .

**7b** Current quarter's sick pay . . . . .

**7c** Current quarter's adjustments for tips and group-term life insurance

**7d**

**7e** Prior quarters' social security and Medicare taxes (attach Form 941c)

**7f**

**7g** Special additions to social security and Medicare (attach Form 941c)

**7h** TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) . . . . . **7h**

**8** Total taxes after adjustments (Combine lines 5d and 7h.) . . . . . **8**

**9**

**10**

**11** Total deposits for this quarter, including overpayment applied from a prior quarter . . . **11**

**12** Balance due (If line 8 is more than line 11, write the difference here . . . . . **12**   
Make checks payable to *United States Treasury*.

**13** Overpayment (If line 11 is more than line 8, write the difference here.)  Check one  Apply to next return.  
 Send a refund.

▶ You **MUST** fill out both pages of this form and **SIGN** it.

**Next** →

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 semiweekly schedule depositor, see *Pub. 80 (Circular SS)*, section 8.

14

- 15 Check one:  Line 8 is less than \$2,500. Go to Part 3.
- You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter  Total must equal line 8.

- You were a semiweekly schedule depositor for any part of this quarter. Fill out *Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors*, and attach it to this form.

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

16 If your business has closed or you stopped paying wages . . . . .  Check here, and enter the final date you paid wages  /  / .

17 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 the instructions for details.

Yes. Designee's name

Phone  (  )  -  Personal Identification Number (PIN)

No.

**Part 5: Sign here. You MUST fill out both pages of this form 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.

**X** Sign your name here

Print name and title

Date  /  /  Phone  (  )  -

**Part 6: For PAID preparers only (optional)**

Paid Preparer's Signature

Firm's name

Address

Date  /  /  Phone  (  )  -

EIN

ZIP code

SSN/PTIN

Check if you are self-employed.

# Form 941-V(SS), Payment Voucher

## Purpose of Form

Complete Form 941-V(SS), Payment Voucher, if you are making a payment with Form 941-SS, 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-SS

Make payments with Form 941-SS **only if**:

- Your net taxes for the quarter (line 8 on Form 941-SS) 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 8 of Pub. 80 (Circular SS), Federal Tax Guide for Employees in the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, for details.) This amount may be \$2,500 or more.

Otherwise, you must deposit the amount at an authorized financial institution or by electronic funds transfer. See section 8 of Circular SS for deposit instructions. Do not use Form 941-V(SS) to make federal tax deposits.

**Caution.** If you pay an amount with Form 941-SS that should have been deposited, you may be subject to a penalty. See Deposit Penalties in section 8 of Pub. 80 (Circular SS).

## 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 you are paying with Form 941-SS.

**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-SS.

- Make your check or money order payable to the "United States Treasury." Be sure also to enter your EIN, "Form 941-SS," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V(SS) or your payment to the return (or to each other).

- Detach Form 941-V(SS) and send it with your payment and Form 941-SS to the address provided in the Instructions for Form 941-SS (Rev. October 2006).

✂ **▼ Detach Here and Mail With Your Payment and Tax Return. ▼** ✂

Form **941-V(SS)**

Department of the Treasury  
Internal Revenue Service

## Payment Voucher

► Do not staple or attach this voucher to your payment.

OMB No. 1545-0029

**2006**

<b>1</b> Enter your employer identification number (EIN).  	<b>2</b> Enter the amount of your payment. ► <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> <span>Dollars</span> <span>Cents</span> </div>					
<b>3</b> Tax period <table style="width: 100%; text-align: center;"> <tr> <td><input type="radio"/> 1st Quarter</td> <td><input type="radio"/> 3rd Quarter</td> </tr> <tr> <td><input type="radio"/> 2nd Quarter</td> <td><input type="radio"/> 4th Quarter</td> </tr> </table>	<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	<input type="radio"/> 2nd Quarter	<input type="radio"/> 4th Quarter	<b>4</b> Enter your business name (individual name if sole proprietor). <hr/> Enter your address. <hr/> Enter your city, state, and ZIP code.	
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter					
<input type="radio"/> 2nd Quarter	<input type="radio"/> 4th Quarter					

**Privacy Act and Paperwork Reduction Act Notice.**

We ask for the information on this form 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. 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 you to provide your employer identification number (EIN). 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, and the District of Columbia 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 this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . .	6 hr., 27 min.
Learning about the law or the form . . . . .	18 min.
Preparing the form . . . . .	24 min.
Copying, assembling, and sending the form to the IRS . . . . .	0 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941-SS 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-6406, Washington, DC 20224. **Do not** send Form 941-SS to this address. Instead, see *Where Should You File?* on page 2 of the Instructions for Form 941-SS.