

Report for this Month of 2008 (Check ONE month only.)


Read the separate instructions before you complete this form. Type or print within the boxes.

## Part 1: Answer these questions for this month.

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)

2 Wages, tips, and other compensation

1


Check and go to line 6.

4 If no wages, tips, and other compensation are subject to social security or Medicare tax .
5 Taxable social security and Medicare wages and tips:

Column 1


Column 2


5d Total social security and Medicare taxes (Column 2, lines $5 a+5 b+5 c=$ line $5 d$ )
6 Total taxes before adjustments (lines $3+5 d=$ line 6 )
7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7 a through 7 g.$)$ :
7a Current month's fractions of cents
7b Current month's sick pay
7c Current month's adjustments for tips and group-term life insurance
7d Current year's income tax withholding (attach Form 941c)
7e Prior months' social security and Medicare taxes (attach Form 941c)


7f Special additions to federal income tax (attach Form 941c)
7 g Special additions to social security and Medicare (attach Form 941c)


7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.)
8 Total taxes after adjustments (Combine lines 6 and 7h.)
7h


11 Total deposits for this month. Enter the amount from page 2, line 14b
11


13 Overpayment (If line 11 is more than line 10, write the difference here.) $\square$ $\begin{aligned} & \text { Check one } \\ & \square \text { Apply to next return } \\ & \square \text { Send a refund. }\end{aligned}$
You MUST complete both pages of Form 941-M and SIGN it.
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
Cat. No. 17013R
Form 941-M (Rev. 1-2008)

Part 2: Tell us about your tax liability and deposits for this month.
14 Record of Federal Tax Liability and Deposits (Read the instructions for this line.)


15 Copy the amount shown on line 14b to line 11.
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 enter the final date you paid wages $\square$
17 If you are a seasonal employer and you do not have to file a return for every month 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.
$\square$ Yes. Designee's name and phone number

$\square$ No.

## Part 5: Sign here. You MUST complete both pages of Form 941-M 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.

Sign your
name here

Date



Part 6: For PAID preparers only (optional)
Paid preparer's signature

$\square$ Check if you are self-employed.

