

TLS, have you transmitted all R text files for this cycle update?

I.R.S. SPECIFICATIONS **TO BE REMOVED BEFORE PRINTING**
 INSTRUCTIONS TO PRINTERS
 FORM 941-M, PAGE 1 of 2
 MARGINS: TOP 13mm (1/2"), CENTER SIDES. PRINTS: HEAD to HEAD
 PAPER: WHITE WRITING, SUB. 20. INK: BLACK
 FLAT SIZE: 432mm (17") x 279mm (11") FOLDED TO 216mm (8 1/2") x 279mm (11")
 PERFORATE: ON VERTICAL FOLD
DO NOT PRINT – DO NOT PRINT – DO NOT PRINT – DO NOT PRINT

Action	Date	Signature
O.K. to print		
Revised proofs requested		

Additions / changes.

OK-to-Print As Corrected

Reviewed by ME 5/10/10
 Changes in green. Text edits (deletions) in red.

Deletions.

Math checks.

Reference checks.

Form 941-M for 2010: Employer's MONTHLY Federal Tax Return

(Rev. April 2010)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0718

► Do not file this form unless instructed to do so by the IRS.

(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 Month of 2010 (Check ONE month only.)

Jan. Feb. March
 April May June
 July Aug. Sept.
 Oct. Nov. Dec.

Read the separate instructions before you complete Form 941-M. 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), or Dec. 12 (Quarter 4) 1

2 Wages, tips, and other compensation "x" should be lower case for multiplication

3 Income tax withheld from wages, tips, and other compensation

4 If no wages, tips, and other compensation are subject to social security or Medicare tax
 and
 Column 1
 5a Taxable social security wages*
 5b Taxable social security tips*
 5c Taxable Medicare wages & tips*
 5d Add Column 2 line 5a, Column 2 line 5b, Column 2 line 5c Delete points 5d

1	
2	
3	

Check and go to line 6e. endash
 * Report wages/tips for this month, including those paid to qualified new employees, on lines 5a-6e. Your liability for exempt wages/tips will be reduced on line 6d (see instructions).

6a Number of qualified employees first paid exempt wages/tips this month

See instructions for definitions of "qualified employees" and "exempt wages/tips."

6b Number of qualified employees paid exempt wages/tips this month

6c Exempt wages/tips paid to qualified employees this month

6d	
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6e Total taxes before adjustments (lines 3 + 5d — line 6d = line 6e)

6e	
----	--

7a Current month's adjustment for fractions of cents

Delete bold from parenthetical statement

7b Current month's adjustment for sick pay

7a	
----	--

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

7b	
----	--

8 Total taxes after adjustments. Combine lines 6e through 7c

7c	
----	--

9 Advance earned income credit (EIC) payments made to employees

8	
---	--

10 Total taxes after adjustment for advance EIC (line 8 — line 9 = line 10)

9	
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11 Total deposits for this month. Enter the amount from page 2, line 16b

10	
----	--

12a COBRA premium assistance payments (see instructions)

11	
----	--

12b Number of individuals provided COBRA premium assistance

12a	
-----	--

12c Number of qualified employees paid exempt wages/tips March 19-31

Complete lines 12c, 12d, and 12e only for April 2010.

12d Exempt wages/tips paid to qualified employees March 19-31

12d	
-----	--

x .062 = 12e

13 Add lines 11, 12a, and 12e

13	
----	--

14 Balance due. If line 10 is more than line 13, enter the difference and see instructions

14	
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15 Overpayment. If line 13 is more than line 10, enter the difference

Check one: Apply to next return. Send a refund.

► You MUST complete both pages of Form 941-M and SIGN it.

Next →

Part 2: Tell us about your tax liability and deposits for this month.**16 Record of Federal Tax Liability and Deposits.** Read the instructions for this line.

Tax Liability	Amount Deposited	Tax Liability	Amount Deposited	Tax Liability	Amount Deposited
Overpayment from previous month . . . ►					
1		12		23	
2		13		24	
3		14		25	
4		15		26	
5		16		27	
6		17		28	
7		18		29	
8		19		30	
9		20		31	
10		21			
11		22			
a Total tax liability for the month (must equal line 10 on page 1) Add lines 1-31 in the <i>Tax Liability</i> columns 16a					
b Total deposits for the month. Add lines 1-31 (including overpayment from previous month) in the <i>Amount Deposited</i> columns 16b					

17 Copy the amount shown on line 16b in Part 2 to line 11 in Part 1.**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.****18 If your business has closed or you stopped paying wages** Check here, andenter the final date you paid wages / .**19 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.

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-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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here

Print your title here

Date / /

Best daytime phone () -

Paid preparer's use only

Check if you are self-employed

Preparer's name

Preparer's SSN/PTIN

Preparer's signature

Date / /

Firm's name (or yours if self-employed)

EIN

Address

Phone () -

City State

ZIP code