

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

Table with 3 columns: Action, Date, Signature. Row 1: O.K. to print. Row 2: 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

OMB No. 1545-0718

(Rev. April 2010) Department of the Treasury - Internal Revenue Service

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

Form fields for EIN, Name, Trade name, Address, 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.

Main form body with lines 1-15. Includes calculations like 'lines 3 + 5d - line 6d = line 6e' and 'line 8 - line 9 = line 10'. Includes annotations like 'x should be lower case for multiplication' and 'Delete points'.

d (line 5)

d (line 7)

d (line 7d)

Name (not your trade name)

Employer identification number (EIN)

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.

Table with columns: Tax Liability, Amount Deposited, Tax Liability, Amount Deposited, Tax Liability, Amount Deposited. Rows 1-11 for monthly entries, and summary rows 16a and 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, and enter 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.

Form with checkboxes for Yes/No, fields for name, phone number, and a 5-digit PIN.

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.

Signature section with fields for name, title, date, and phone number.

Paid preparer's use only

Check if you are self-employed . . . . . [ ]

Form for paid preparer with fields for name, signature, firm name, address, city, state, ZIP code, SSN/PTIN, date, EIN, and phone.