TLS, have you						
transmitted all R text files for this	I.R.S. SPECIFICATIONS INSTRUCTIONS TO PRINTERS	TO BE REMOVED BEFO	DRE PRINTING	Action	Date	Signature
cycle update?	FORM 941-M, PAGE 1 of 2 MARGINS: TOP 13mm (½ "), CE PAPER: WHITE WRITING, SUB	. 20. INK: BLACK).K. to print		
Date	FLAT SIZE: 432mm (17") × 279mr PERFORATE: ON VERTICAL FOLD DO NOT PRINT – DO NOT PI		R	evised proofs equested		
Additions / ch	nges. OK-to-	Print As Correcte		eviewed by ME		deletions) in red.
Deletions.				anges in gree		
Math checks.						
Reference che	ks.					
Form 941-M	for <mark>2010:</mark> Employ	er's MONTHLY F	ederal Tax I	Return		OMB No. 1545-07
(Rev. <mark>April 2010</mark>)		asury – Internal Revenue Service			inless instructe	d to do so by the IF
(EIN) Employer identifica	tion number				for this Mo NE month on	onth of <mark>2010</mark> y.)
Name (not your trad	e name)			Jan.	Feb.	March
Trade name (if any,				April	May	June
Address	Street	Suit	e or room number	July	Aug.	Sept.
				Oct.	Nov.	Dec.
City Read the separate	instructions before you comple		rt within the boxes.			
Part 1: Answe	r these questions for this m	onth.				
	mployees who received wages <i>r. 12</i> (Quarter 1), <i>June 12</i> (Quart					
-	and other compensation	"x" should		2		
	vithheld from wages, tips, and	case for m	nultiplication	3		
	tips, and other compensation		urity or Modioaro		Chock and	go to lipe 6e.
		Column 1	Column 2			entips for this
5a Taxable soc	al security wages*	• 124 =			nonth, inc lud i	ng those paid to nployees, on lines
5b Taxable soc	al security tips*	× .124 =		_ 5	a 😽 Your lia	bility for exempt I be reduced on
5c Taxable Mec	care wages & tips*	▼.029 =		•		instructions).
5d Add Columi	2 line 5a, Column 2 line 5b, C	olumn 2 line 5c	Delete points .	5d		•
6a Number of q	alified employees <i>first</i> paid exer	npt wages/tips this month		Se Se	"qualified em	for definitions of ployees" and ages/tips."
6b Number of q	alified employees paid exempt	wages/tips this month		*	exempt w	ages/lips.
6c Exempt wag	es/tips paid to qualified emplo	oyees this month	■ x .062	2 = 6d		•
6 <mark>e</mark> Total taxes	pefore adjustments (lines 3 +	5d <mark>— line 6d</mark> = line 6 <mark>e)</mark> .		6 <mark>e</mark>		
7) 7a Current mo	th's adjustment for fractions	of cents Delete	bold from	. 7a		•
7b Current mo	th's adjustment for sick pay .	parenth	etical statement	. 7b		•
	th's adjustments for tips and	group-term life insurance		. 7c		•
d) 8 Total taxes	fter adjustments. Combine line	es <mark>6e t</mark> hrough 7 <mark>c</mark>		. 8		•
9 Advance ea	ned income credit (EIC) paym	ents made to employees		. 9		•
10 Total taxes	fter adjustment for advance I	EIC (line 8 – line 9 = line 10)]	. 10		•
11 Total depos	ts for this month. Enter the amo	ount from page 2, line 16b		. 11		
12a COBRA pre	nium assistance payments (see	e instructions)	ported on line 12a)	.12a		
12b Number of i	dividuals provided COBRA pro	emium assistance	sh			nes 12c, 12d,
	ualified employees paid exem	, l			and 12e only	for April 2010.
	es/tips paid to qualified emplo			2 = 12e		
	12a, and 12e		ndash	13		
			· · · · ·			
14 D-1	If line 10 is mented that I'm 10	optor the difference of	a inatro ati a sa	4.4		
14 Balance due	. If line 10 is more than line 13,	enter the difference and sec	e instructions	. 14		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 17013R

Name (not your trade name)							Employer identification number (EIN)					
- D				to a this								
	art 2: Tell us ab	-	-	-			7					
16		Amount De		ts. Read the instr Tax Liability		nis line. Deposited	Taviliahi	164. /	Amount Deposited			
	Tax Liability	Amount De	posited		Amount	Jeposited	Tax Liabi	IIIty	Amount Deposited			
	payment from	•										
1			12				23					
2			13				-24					
3			14				25					
			15				26					
5 6			16 17				27 28					
7			18		•		20	, 				
- / 8			10				30					
9			20				31					
10			21									
11			22									
а	Total tax liability	y for the mont	h (must equal	line 10 on page 1). Add lines	1–31 in						
	the Tax Liability	columns .				••••	16a					
b	Total deposits f previous month)				-	n 	16b					
17	Copy the amount	nt shown on li	ne 16b in Par	t 2 to line 11 in I	Part 1.							
Р	art 3: Tell us ab	out your busi	ness. If a qu	estion does NO	T apply to	your bus	siness, leave it	blank.				
									7			
18	If your business	f your business has closed or you stopped paying wages										
	enter the final da	ate you paid wa	iges /	/				_	_			
19	If you are a sea	sonal employe	er and you do	not have to file	a return fo	r every m	nonth of the yea	ar	Check here.			
P	art 4: May we s	peak with you	ır third-party	designee?								
	Do you want to instructions for d	allow an empl etails.	oyee, a paid	tax preparer, or	another pe	rson to d	liscuss this retu	Irn with the	IRS? See the			
	Yes. Designe	e's name and	phone numbe	r				()	_			
	Select a	a 5-digit Persor	nal Identificatio	on Number (PIN) t	o use when	talking to	o the IRS.					
Р	art 5: Sign here.	You MUST c	omplete bot	h pages of Forn	n 941-M aı	nd SIGN	it.					
			-					nto and to the	best of my knowledge			
	and belief, it is tru	e, correct, and co	mplete. Declarati	on of preparer (other	than taxpaye) is based	on all information of	f which prepare	best of my knowledge er has any knowledge.			
			•			Prir	nt your		, ,			
	Sign your name here					nan	ne here					
							nt your					
						title	here					
	Date	/	/			Bes	st daytime phone	e ()	-			
Р	aid preparer's	use only					Check if you	are self-emp	loyed			
Dress							Preparer's					
Pre	oarer's name						SSN/PTIN					
Prep	parer's signature						Date	/	/			
	's name (or yours If-employed)						EIN					
Adc	Iress						Phone	()	_			
City					State		ZIP code					