

# Tax Forms & Publications Work Request Notification

**Title:**

**Tax Year:**

**Processing Year:**

**Route to:**

**Approved:**

**Date:**

<b>Section Chief:</b>		
<b>Reviewer:</b>		
<b>Review Chief:</b>		
<b>Branch Chief:</b>		
<b>Senior Technical Advisor:</b> Curt Freeman		
<b>Initiator (Tax Law Specialist):</b>		

**The information in this document can be used to develop any necessary Work Requests.**

**This notification is for changes due to:**

Legislation or Chief Counsel guidance:

A Program change initiated by:

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**The major changes are as follows:**

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We may need to make further changes that would require a work request.

We do not anticipate the need for any further changes that would require a Work Request.

**If you have any questions, please contact:**

Name:

Name:

Title:

Title:

Symbols:

Symbols:

Phone:

Phone:

Email:

Email:

Room:

Room:

January 2011 /

2011 /

# Form 941 for 2010: Employer's QUARTERLY Federal Tax Return

950111 /

951110

(Rev. April 2010)

Department of the Treasury — Internal Revenue Service

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 of 2010**  
(Check one.)

1: January, February, March

2: April, May, June **2011 /**

3: July, August, September

4: October, November, December

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

2 Wages, tips, and other compensation 2

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

4 If no wages, tips, and other compensation are subject to social security or Medicare tax  Check and go to line 6e.

	Column 1		Column 2
5a Taxable social security wages* .	<input type="text"/>	× .124 =	<input type="text"/>
5b Taxable social security tips* .	<input type="text"/>	× .124 =	<input type="text"/>
5c Taxable Medicare wages & tips* .	<input type="text"/>	× .029 =	<input type="text"/>
5d Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c			
5e Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions) . . . . .	5e "add entry box (same as line 5d)" /		
6a Number of qualified employees first paid exempt wages/tips this quarter	<input type="text"/>		
6b Number of qualified employees paid exempt wages/tips this quarter	<input type="text"/>		
6c Exempt wages/tips paid to qualified employees this quarter	<input type="text"/>	× .062 =	<input type="text"/>
6e Total taxes before adjustments (line 3 + line 5d - line 6d - line 6e)	<input type="text"/>		
7a Current quarter's fractions of cents (add lines 3, 5d, and 5e; then subtract line 6d)	<input type="text"/>		
7b Current quarter's sick pay	<input type="text"/>		
7c Current quarter's adjustments for tips and group-term life insurance	<input type="text"/>		
8 Total taxes after adjustments. Combine lines 6e through 7c	<input type="text"/>		
<del>9 Advance earned income credit (EIC) payments made to employees</del>	<del><input type="text"/></del>		
<del>10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)</del>	<del><input type="text"/></del>		
11 Total deposits including prior quarter overpayments	<input type="text"/>		
12a COBRA premium assistance payments (see instructions)	<input type="text"/>		
12b Number of individuals provided COBRA premium assistance	<input type="text"/>		
<del>12c Number of qualified employees paid exempt wages/tips March 19-31</del>	<del><input type="text"/></del>		
<del>12d Exempt wages/tips paid to qualified employees March 19-31</del>	<del><input type="text"/></del>	<del>× .062 =</del>	<del><input type="text"/></del>
13 Add lines 11, 12a, and 12e	<input type="text"/>		
14 Balance due. If line 10 is more than line 13, enter the difference and see instructions	<input type="text"/>		
15 Overpayment. If line 13 is more than line 10, enter the difference	<input type="text"/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

\*At the time this form was printed, there was no employer's social security tax exemption for wages paid in 2011 to qualified employees, as had applied in 2010. See the instructions for how to find out if this provision was extended.

Skip lines 6a - 6d, unless the employer's social security tax exemption for wages paid to qualified employees was extended.

Complete lines 12c, 12d, and 12e only for the 2nd quarter of 2010.

7  
8  
9  
10  
delete

delete text and box

delete

Line 10 on this return is less than \$2,500 or line 10 on the return for the preceding quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If you meet the *de minimis* exception based on the prior quarter and line 10 for the current quarter is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B. Go to Part 3.

950210

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. 15 (Circular E), section 11.

950211 /

16 Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.

17 Check one: Line 10 on this return is less than \$2,500 or line 10 on the return for the preceding quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

"Remove bold"

Month 2

Month 3

Total liability for quarter Total must equal line 10.

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

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 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 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 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.



Sign your name here

Signature box

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

delete

Preparer's signature

Date / /

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

EIN

Address

Phone

City

State

ZIP code