

Tax Forms & Publications Work Request Notification

Title:

Tax Year:

Processing Year:

Route to:

Approved:

Date:

Section Chief:		
Reviewer:		
Review Chief:		
Branch Chief:		
Senior Technical Advisor: Curtis Freeman		
Initiator (Tax Law Specialist):	<i>Yvette Lawrence</i>	

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:

The major changes are as follows:

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:

941-SS for 2010: Employer's QUARTERLY Federal Tax Return

American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands

(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
- 3: July, August, September
- 4: October, November, December

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

2 **5e. Section 3121 (q) amount** (see instructions)..... **5e "insert entry box"**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax . Check and go to line 7.

5 Taxable social security and Medicare wages and tips:

	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"/>

Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c

5d ~~Total social security and Medicare taxes~~ (Column 2, lines 5a + 5b + 5c = line 5d) . . . 5d

6 **Total taxes before adjustments.** Add lines 5d and 5e..... **6 "insert entry box (same as above)"**

7 CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment. See the instructions.

7a Current quarter's fractions of cents

7b Current quarter's sick pay

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

7d **TOTAL ADJUSTMENTS.** Combine all amounts on lines 7a through 7c . . . 7d

8 Total taxes after adjustments. Combine lines 5d and 7d . . . 8

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X . . .

12a COBRA premium assistance payments (see instructions) . . .

12b Number of individuals provided COBRA premium assistance reported on line 12a . . .

13 Add lines 11 and 12a . . . 13

14 Balance due. If line 8 is more than line 13, write the difference here . . . 14
For information on how to pay, see the instructions.

15 Overpayment. If line 13 is more than line 8, write the difference here Check one Apply to next return. Send a refund.

▶ You **MUST** complete both pages of Form 941-SS and **SIGN** it. Next →

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. 80 (Circular SS)*, section 8.

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- 17 Check one: Line 8 is less than \$2,500. Go to Part 3.
 You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

- Total liability for quarter Total must equal line 8.
 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-SS.

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 IRS.

No.

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

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