Form **941-SS for 2020:**

(Rev. April 2020)

Employer's QUARTERLY Federal Tax Return

American Samoa, Guam, the Commonwealth of the Northern

Departn	nent of the Treasury - Internal Revenue Serv	ice Mariana	Islands, and the U	.S. Virgin Islands	OMB No. 1545-0029				
Emplo	over identification number (EIN)] – [] [[port for this Quarter of 2020 ck one.)				
Name (not your trade name) 1: January, February, March									
2: April, May, June									
Trade name (if any) 3: July, August, September									
Addr	4: October, November, December								
	Number Street		www.irs.gov/Form941SS for ctions and the latest information.						
	City State ZIP code								
	Foreign country name	Foreign province/count	y Foreign postal	code					
Read t	he separate instructions before you c	complete Form 941-SS. T	ype or print within	the boxes.					
Part	1: Answer these questions for the	nis quarter.							
1	Number of employees who receiv including: June 12 (Quarter 2), Sep	• • • •	•		1				
2			, 12 (Qualter 4).						
3									
4	If no wages, tips, and other comp	ensation are subject to	social security or	Medicare tax	Check and go to line 6.				
		Column 1		Column 2					
5a	Taxable social security wages	•	× 0.124 =	-					
5a	(i) Qualified sick leave wages	•	× 0.062=						
5a	(ii) Qualified family leave wages	•	× 0.062 =						
5b	Taxable social security tips		× 0.124 =						
5c	Taxable Medicare wages & tips		× 0.029 =	•					
5d	Taxable wages & tips subject to								
	Additional Medicare Tax withholding	•	× 0.009 =						
5e	Total social security and Medicare	taxes. Add column 2 from	n lines 5a, 5a(i), 5a(i	i), 5b, 5c, and 5d .	5e				
5f	Section 3121(q) Notice and Dema	nd—Tax due on unrepor	rted tips (see instru	uctions)	5f				
6	Total taxes before adjustments. A	dd lines 5e and 5f			6				
7	Current quarter's adjustment for f	ractions of cents			7				
8	Current quarter's adjustment for s	sick pay			8				
9	Current quarter's adjustments for	tips and group-term life	e insurance		9				
10	Total taxes after adjustments. Con	nbine lines 6 through 9			10				
11a	Qualified small business payroll tax	credit for increasing reso	earch activities. At	tach Form 8974 .	11a				
11b	Nonrefundable portion of credit for	qualified sick and family	leave wages from	Worksheet 1	11b				
11c	Nonrefundable portion of employee	retention credit from Wo	orksheet 1		11c -				
	► You MUST complete all three pa	ages of Form 941-SS an	d SIGN it.		Next ∎►				

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 17016Y Form 941-SS (Rev. 4-2020)

Name (not your trade name)	Name	r trade name)
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Employer identification number (EIN)

Part	1. Answer these	auestions for	this quarter	(continued)					
Part 1: Answer these questions for this quarter. (continued)									
11d	Total nonrefundal	ble credits. Add I	ines 11a, 11b,	and 11c			11d		•
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 12								
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 944-X, or 944-X (SP) filed in the current quarter 13a								
13b	Deferred amount of the employer share of social security tax								
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c								
13d	Refundable portion of employee retention credit from Worksheet 1								
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d 13e								
13f	Total advances r	eceived from fil	ing Form(s) 7	200 for the quarter	r		13f		•
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e 13g								
14	Balance due. If lin	ne 12 is more tha	an line 13g, er	nter the difference a	nd see instruct	ions	14		•
15	Overpayment. If line	e 13g is more than li	ne 12, enter the	difference		Check one:	Apply	to next return.	Send a refund.
Part 2: Tell us about your deposit schedule and tax liability for this quarter.									
lf yo	If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 8 of Pub. 80.								
16	6 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). 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						
			Month 2						
			Month 3						
		Total liability for	or quarter			Total must equ	ual line	e 12.	
				hedule depositor fo miweekly Schedule					

► You MUST complete all three pages of Form 941-SS and SIGN it.

Next ∎►

Form **941-SS** (Rev. 4-2020)

Name (not y	vour trade name)	Employer identification number (EIN)								
Part 3:	Tell us about your business. If a question does NOT apply to your busine	ess. leave it blank.								
	your business has closed or you stopped paying wages									
en	ter the final date you paid wages / / / ; also attach a statemen	t to your return. See instructions.								
18 lf y	you're a seasonal employer and you don't have to file a return for every quar	ter of the year Check here.								
19 Qu	ualified health plan expenses allocable to qualified sick leave wages . $\ .$	19 🔹								
20 Qu	ualified health plan expenses allocable to qualified family leave wages \ldots	20								
21 Qu	ualified wages for the employee retention credit	21								
22 Qu	ualified health plan expenses allocable to wages reported on line 21	22								
23 Cr	redit from Form 5884-C, line 11, for this quarter	23								
	ualified wages paid March 13 through March 31, 2020, for the employee	retention								
cre	edit (use this line only for the second quarter filing of Form 941-SS)	• • • • 24								
	ualified health plan expenses allocable to wages reported on line 24 (use th									
TOI	r the second quarter filing of Form 941-SS)									
	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 instructions for details.	discuss this return with the IRS? See the								
[Yes. Designee's name and phone number									
	Select a 5-digit personal identification number (PIN) to use when talkin									
Г	No.									
Part 5:	Sign here. You MUST complete all three pages of Form 941-SS and SIG	N it.								
Under per	nalties of perjury, I declare that I have examined this return, including accompanying schedul	es and statements, and to the best of my knowledge								
and belief	f, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a	II information of which preparer has any knowledge.								
	A									
		Print your								
	name here	Print your								
		title here								
	Date / /	Best daytime phone								
Paid P	Preparer Use Only	Check if you're self-employed								
Preparer's	s name	PTIN								
	s signature	Date / /								
if self-emp	loyed)	EIN								
Address		Phone								
City	State	ZIP code								
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Form 941-V(SS), **Payment Voucher**

Purpose of Form

Complete Form 941-V(SS) if you're making a payment with Form 941-SS. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941-SS

To avoid a penalty, make your payment with Form 941-SS only if:

 Your total taxes after adjustments and nonrefundable credits (Form 941-SS, line 12) for either the current quarter or the preceding quarter are less than \$2,500, you didn't incur a \$100,000 next-day deposit obligation during the current quarter, and you're paying in full with a timely filed return; or

• You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 8 of Pub. 80 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 8 of Pub. 80 for deposit instructions. Don't use Form 941-V(SS) to make federal tax deposits.



Use Form 941-V(SS) when making any payment with Form 941-SS. However, if you pay an amount with Form 941-SS that should've been deposited, you may be subject to a penalty. See Deposit Penalties in section 8 of Pub. 80.

Specific Instructions

Box 1-Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941-SS, write "Applied For" and the date you applied in this entry space.

Box 2-Amount paid. Enter the amount paid with Form 941-SS.

Box 3-Tax period. Darken the circle identifying the guarter for which the payment is made. Darken only one circle.

Box 4-Name and address. Enter your name and address as shown on Form 941-SS.

• Enclose your check or money order payable to "United States Treasury." Be sure to enter your EIN, "Form 941-SS," and the tax period ("1st Quarter 2020," "2nd Quarter 2020," "3rd Quarter 2020," or "4th Quarter 2020") on your check or money order. Don't send cash. Don't staple Form 941-V(SS) or your payment to Form 941-SS (or to each other).

• Detach Form 941-V(SS) and send it with your payment and Form 941-SS to the address in the Instructions for Form 941-SS.

Note: You must also complete the entity information above Part 1 on Form 941-SS.

✓ Detach He					and Mail With Your Payment and Form 941-S				
E 941-V(SS) Department of the Treasury Internal Revenue Service			► D	Payment Voucher on't staple this voucher or your payment to Form 941-SS.			OMB No. 1545-0029		
1	Enter your employer ide number (EIN).	entification		2	Enter the amount of your payment. Make your check or money order payable to "United States Treasury"	Dolla	rs	Cents	
3	Tax Period 1st Quarter	0	3rd Quarter	4	Enter your business name (individual name if sole proprietor).				
	2nd Quarter	0	4th Quarter		Enter your city, state, and ZIP code; or your city, foreign country name, fo	preign province/cc	unty, and foreign	postal code.	

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on Form 941-SS to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941-SS is used to determine the amount of the taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner or provide false or fraudulent information, you may be subject to penalties.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941-SS will vary depending on individual circumstances. The estimated average time is:

Recordkeeping	hr.,	32 min.				
Learning about the law or the form		24 min.				
Preparing, copying, assembling, and sending the form to the IRS		39 min.				
If you have comments concerning the accuracy of						

these time estimates or suggestions for making Form 941-SS simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/FormComments.* Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form 941-SS to this address. Instead, see *Where Should You File?* in the Instructions for Form 941-SS.