990107

941 for 2007: Employer's QUARTERLY Federal Tax Return

v. January 2007) Departme	ent of the Treasury — Internal R				OMB No. 1545-0
EIN) Employer identification number				Report for (Check one.)	this Quarter of 2007
ame (not your trade name)				1: Janua	ry, February, March
rade name (if any)					May, June
ade name (ii ariy)					August, September
ddress Number Street		Suite or re	oom number		er, November, December
					Total Travellisely Bedellisely
City ad the separate instructions before you	State u fill out this form. Please			es.	
Part 1: Answer these questions fo	r this quarter.				
Number of employees who received including: <i>Mar. 12</i> (Quarter 1), <i>June</i>					
		(Quarter 0), De	Jo. 12 (Quait		
Wages, tips, and other compensati	on			2	
Total income tax withheld from wa				3	<u> </u>
If no wages, tips, and other compe Taxable social security and Medica	•	ocial security	or Medicare	tax L Che	ck and go to line 6.
	Column 1	1 —	Column	2	
5a Taxable social security wages		× .124 =			
5b Taxable social security tips		× .124 =			
5c Taxable Medicare wages & tips		× .029 =			
			- " - "		_
5d Total social security and Medic	•		ŕ		-
Total taxes before adjustments (line TAX ADJUSTMENTS (Read the instr	•	ompleting lines			•
7- Oursell montants for all many					
7a Current quarter's fractions of c	ents	–			
7b Current quarter's sick pay					
7c Current quarter's adjustments for	tips and group-term life i	nsurance		•	
7d Current year's income tax withl	nolding (attach Form 941c	;)			
7e Prior quarters' social security an	d Medicare taxes (attach	Form 941c)			
7f Special additions to federal inc	ome tax (attach Form 941	c)		•	
7g Special additions to social secur	rity and Medicare (attach I	Form 941c)			
7h TOTAL ADJUSTMENTS (Combin	ne all amounts: lines 7a thi	rough 7g.) .		7h	
Total taxes after adjustments (Com	bine lines 6 and 7h.) .			8	
Advance earned income credit (EIC	c) payments made to em	ployees		9	•
Total taxes after adjustment for ad	vance EIC (line 8 - line 9	= line 10) .		10	•
Total deposits for this quarter, incl	uding overpayment appli	ed from a pri	or quarter .	11	
<b>Balance due</b> (If line 10 is more than Follow the Instructions for Form 941-		ence here.) .		12	
Overpayment (If line 11 is more than	n line 10, write the differen	ice here.)		Check	
You MUST fill out both pages of this	form and SIGN it.				☐ Send a refund.

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

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.  Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.  It is check one: Line 10 is less than \$2,500. Go to Part 3.  Vou were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.  Tax liability: Month 1  Month 2  Month 3  Total liability for quarter  You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.  Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.  If If your business has closed or you stopped paying wages	Write the state abbreviation for the state where you made your deposits Orderous to deposits in multiple states.    15   Check one:   Line 10 is less than \$2,500. Go to Part 3.	
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You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.    Tax liability: Month 1	You were a monthly schedule depositor for the entire quarter. Fill of liability for each month. Then go to Part 3.  Tax liability: Month 1  Month 2  Month 3  Total liability for quarter  You were a semiweekly schedule depositor for any part of this quarter and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax Liability for Semiweekly Schedule Depositors, and attachment of Tax	OR write "MU" if you made your
Total liability: Month 1  Month 2  Month 3  Total liability for quarter  Total must equal line 10.  Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.  Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.  16 If your business has closed or you stopped paying wages  Total must equal line 10.  Check here, and enter the final date you paid wages  Total must equal line 10.  Check here, and enter the final date you does NOT apply to your business, leave it blank.  17 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  Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.  No.  Part 5: Sign here. You MUST fill out both pages of this form 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.  Print your  Take the part of the year in the page of this form and SIGN it.  Print your  Take the page of the page of this form and sign it is true, correct, and complete.  Print your  Take the page of the page of this form and sign it is true, correct, and complete.  Print your  Take the page of the page of this form and sign it is true, correct, and complete.  Print your  Take the page of th	Total liability: Month 1  Month 2  Month 3  Total liability for quarter  You were a semiweekly schedule depositor for any part of this question for any part of this question for apply to your business, and attach attach the final date you paid wages  16 If your business has closed or you stopped paying wages enter the final date you paid wages  17 If you are a seasonal employer and you do not have to file a return for every quarter 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 for details.)  Yes. Designee's name  Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.  No.  Part 5: Sign here. You MUST fill out both pages of this form and SIGN it.  Under penalties of perjury, I declare that I have examined this return, including accompanying sci of my knowledge and belief, it is true, correct, and complete.  Print you name here  Date  / / Best day  Part 6: For paid preparers only (optional)  Paid Preparer's Signature	
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name here  Print your title here  Date / / Best daytime phone ( ) -	Print you title here  Date  / /  Best day  Part 6: For paid preparers only (optional)  Paid Preparer's Signature	
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Part 6: For paid preparers only <i>(optional)</i>	Paid Preparer's Signature	rtime phone (
	Signature	
·	F: 1	
Firm's name	Firm's name	
Address EIN	Address	EIN
ZIP code		ZIP code
	Date / / Phone ( ) -	SSN/PTIN

# Form 941-V, Payment Voucher

# **Purpose of Form**

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and make a payment with that return, please provide this payment voucher to the return preparer.

# **Making Payments With Form 941**

Make your payment with Form 941 only if:

- Your net taxes for the quarter (line 10 on Form 941) are less than \$2,500 and you are paying in full with a timely filed return or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. (See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details.) In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must deposit your taxes at an authorized financial institution or by electronic funds transfer. (See section 11 of Pub. 15 (Circular E) for deposit instructions.) Do not use Form 941-V to make federal tax deposits.

**Caution.** If you pay amounts with Form 941 that should have been deposited, you may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15 (Circular E).

# **Specific Instructions**

Box 1—Employer identification number (EIN). If you do not have an EIN, apply for one on Form SS-4, Application for Employer Identification Number, and write "Applied For" and the date you applied in this entry space.

**Box 2—Amount paid.** Enter the amount paid with Form 941.

**Box 3—Tax period.** Darken the capsule identifying the quarter for which the payment is made. Darken only one capsule.

**Box 4—Name and address.** Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure also to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Please do not staple Form 941-V or your payment to the return (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address provided in the Instructions for Form 941.

**Note.** You must also complete the entity information above Part 1 on Form 941.



▼ Detach Here and Mail With Your Payment and Tax Return. ▼



<b>5941-V</b>		Payment Voucher			OMB No. 1545-0029	
Department of the Treasury Internal Revenue Service	▶ Do	not staple or attach this voucher to your payment.	2007			
Enter your employer iden number (EIN).	tification	Enter the amount of your payment. ▶	Dol	lars	Cents	
3 Tax period		4 Enter your business name (individual name if sole proprietor).				
O 1st Quarter	O 3rd Quarter	Enter your address.				
2nd Quarter	O 4th Quarter	Enter your city, state, and ZIP code.				

#### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form 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, including income tax withholding. This form 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 employer identification number (EIN). If you fail to provide this information in a timely manner, you may be subject to penalties and interest.

You are 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, and the District of Columbia 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 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping			12 hr., 39 min.
Learning about the law or the form	÷	i.	40 min.
Preparing the form		i.	1 hr., 49 min.
Copying, assembling, and sending			
the form to the IRS			16 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* on page 4 of the Instructions for Form 941.