Schedule D (Form 941):

Report of Discrepancies Caused by Acquisitions, Statutory Mergers, or Consolidations

(Rev. March 2005) Department of the Treasury—Internal Revenue Service

				OMB No. 1545-0029
Employer Ide	entification Numbe	۲ (EIN)		Tax Year of Discrepancies (Fill in)
Name (not yo	our trade name)			Format: YYYY
Trade name	(if any)			
Address	Number	Street	Suite or room number	Type of Submission (Check one)
	City		State ZIP code	Corrected
Phone numbe	er () –		

About this schedule

Each year the Internal Revenue Service (IRS) and the Social Security Administration (SSA) compare the totals on your Forms 941, *Employer's Quarterly Federal Tax Return*, with the totals on Forms W-2, *Wage and Tax Statement*, to verify that:

- the wages you reported on Forms 941 match those you reported on Forms W-2 (Copy A) so that your employees' social security earnings records are complete for benefit purposes; and
- you have paid the appropriate taxes.

Generally, the totals on your Forms W-2 (Copy A) should equal the totals you reported on Forms 941. Use this schedule if discrepancies exist between the totals you reported on those forms ONLY as a result of an acquisition, statutory merger, or consolidation. In many cases, the information on this schedule should help the IRS resolve discrepancies without contacting you. If you are an eligible employer who elects to use the alternate procedure set forth in Rev. Proc. 2004-53, explained in the instructions, you should file this schedule.

Read the separate instructions before you fill out this schedule.

Part 1: Answer these I	packground questions.		
1. Are you filing this s	chedule —		
	nerger or consolidation? (See Rev. Rul. 62-60, 1	962-1 C B 186 and Rev Proc. 20	004-53 2004-34 LB B 320)
	nerger of consolidation: (See Nev. Nat. 02-00, 1	You are either:	an acquired corporation or a surviving corporation.
	OR		
after an acquisit	ion and you are using the alternate procedu	· · ·	2004-34 I.R.B. 320?
		You are either:	a predecessor or
			a successor.
2. The effective date o	f the statutory merger/consolidation or acqui	isition is	/ / MM / DD / YYYY
3. The OTHER PARTY	in this transaction is		
Other party's EIN			
Other party's name			
Trade name (if any)			
Address			
	Number Street		Suite or room number
Phone number	City () –	State	ZIP code
For Paperwork Reduction	Act Notice, see separate instructions.	Cat. No. 38791Y	Schedule D (Form 941) Rev. 3-2005

Your EIN				ix Y	ear of Discrepancies (Fill in)
Name (not your trade name)					Format: YYYY
Other party's EIN					
Part 2: Tell us about t	he discrepancies with your retu	ırns).		
	Column A		Column B	_	Column C
	Amount you reported to IRS for the tax year	-	Amount you reported to SSA for the tax year	=	The difference
	Totals from Forms 941 as corrected by any Forms 941c		Totals from Forms W-2 (Copy A) as corrected by any Forms W-2c (Copy A	.)	
4. social security wages		-		=	
5. Medicare wages and tips	\$	-		=	
6. social security tips		-][=	
7. federal income tax withheld		İ –][=	
withineit		1-		:	
8. advance earned income credit (EIC) payments				=	
credit (EIC) payments	ansaction only, STOP here. If you are	e fili		jo to	
credit (EIC) payments	ansaction only, STOP here. If you are ut ONLY if you are filing more th	e fili		jo to	
credit (EIC) payments If you are filing for one tra Part 3: Fill this part ou		e filii han	one Schedule D (Form 941) fo	jo to	
credit (EIC) payments If you are filing for one tra Part 3: Fill this part ou	ut ONLY if you are filing more th	e filii han	one Schedule D (Form 941) fo	jo to	ny calendar year.
credit (EIC) payments If you are filing for one tra Part 3: Fill this part ou	ut ONLY if you are filing more th m 941) for each separate transaction. T	e filii han	one Schedule D (Form 941) fo	jo to	y calendar year.
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