## Form **941-SS for 2023**:

### **Employer's QUARTERLY Federal Tax Return**

Department of the Treasury — Internal Revenue Service

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

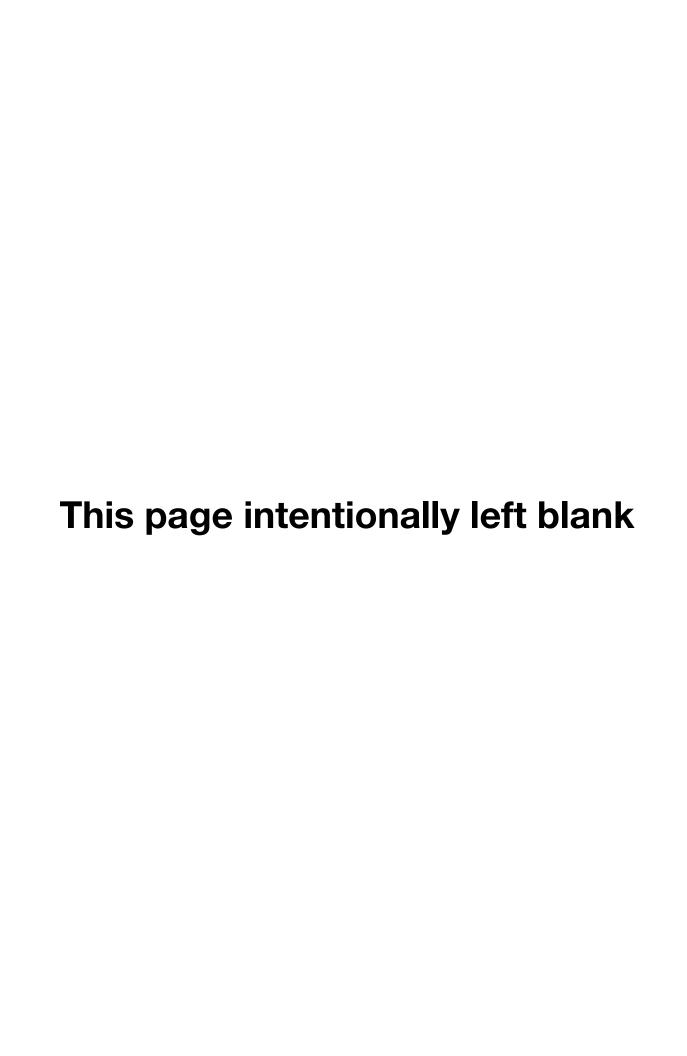
OMB No. 1545-0029

Emplo	yer identification number (EIN)		Report f	or this Quarter of 2023 a.)			
Name	(not your trade name)		1: January, February, March				
					<b>2:</b> Apr	il, May, June	
Trade	name (if any)		3: July, August, September				
Addre	ess		4: October, November, December				
	Number Street	m number		irs.gov/Form941SS for and the latest information.			
	City	code	motraotion.	and the latest mornation.			
	Oity	State	217 (	code			
	Foreign country name	Foreign province/county	Foreign pos	stal code			
Read t	he separate instructions before you o	complete Form 941-SS. Typ	e or print with	in the boxes	S.		
Part							
1	Number of employees who receiv						
2	including: Mar. 12 (Quarter 1), Jun	e 12 (Quarter 2), Sept. 12	(Quarter 3), o	r <i>Dec. 12</i> (0	Quarter 4) 1		
3							
4	If no wages, tips, and other comp	ensation are subject to so	cial security	or Medicar	e tav	Check and go to line 6.	
•	ii iio wages, ups, and other comp	Column 1	ocial Security	Colum		Officer and go to line o.	
_			0.404	Coluii		*Include taxable qualified sick and	
5a	Taxable social security wages*	•	× 0.124 =			family leave wages paid in this quarter of 2023 for leave taken	
5a	(i) Qualified sick leave wages*	•	× 0.062 =		•	after March 31, 2021, and before October 1, 2021, on line 5a. Use	
5a	(ii) Qualified family leave wages*		× 0.062 =			lines 5a(i) and 5a(ii) <b>only</b> for taxable qualified sick and family	
Ja	(ii) Qualified fairlily leave wages	•	x 0.002 =			leave wages paid in this quarter of 2023 for leave taken after March	
5b	Taxable social security tips	•	× 0.124 =			31, 2020, and before April 1, 2021.	
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 li	nes 5a, 5a(i), 5	a(ii), 5b, 5c,	and 5d . <b>5e</b>	•	
5f	Section 3121(q) Notice and Dema	nd—Tax due on unreporte	d tips (see ins	structions)	5f	•	
6	Total taxes before adjustments. A	dd lines 5e and 5f			6	•	
7	Current quarter's adjustment for t	ractions of cents			7	•	
8	Current quarter's adjustment for	sick pay			8	•	
9	Current quarter's adjustments for	tips and group-term life i	nsurance .		9	•	
10	Total taxes after adjustments. Combine lines 6 through 9						
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . 11a						
11b	Nonrefundable portion of credit for April 1, 2021	qualified sick and family lea	-				
11.	• ,				· · · 11b		
11c	Reserved for future use				11c	•	
For Pri	You MUST complete all three pag			oucher.	Cat. No. 17016Y	Form <b>941-SS</b> (Rev. 3-2023)	

Name (	not your trade name)					Employer	identification numbe	r (EIN)
Port	1. Answer these	questions for	thic quarta	r (continued)		-	_	
			_					
11d	Nonrefundable po after March 31, 20		-		nily leave wages i	for leave take	n 11d	
11e	Reserved for futur	e use					. 11e	
11f	Reserved for futur	e use						
11g	Total nonrefundab	ole credits. Add	d lines 11a, 1	1b, and 11d .			. 11g	•
12	Total taxes after a	djustments an	d nonrefund	able credits. S	ubtract line 11g fron	n line 10	. 12	
13a	Total deposits for	-			9			
	overpayments app	olied from Forr	n 941-X, 944	-X, or 944-X (S	P) filed in the curre	ent quarter .	13a	
13b	Reserved for futur	e use					. 13b	-
13c	Refundable portio		-	_	-	e taken before	• -	
	April 1, 2021						13c	
13d	Reserved for futur	e use					. 13d	
								<del>-</del>
13e	Refundable portio March 31, 2021, ar		•	_	•		er · 13e	
13f	Reserved for futur	e use					. 13f	•
13g	Total deposits and	l refundable cı	redits. Add lir	nes 13a, 13c, ar	nd 13e		. 13g	
13h	Reserved for futur	e use					. 13h	
13i	Reserved for futur	euse					. 13i	
14	Balance due. If line	e 12 is more tha	an line 13g, er	nter the differen	ce and see instruction	ons	. 14	,. <b>=</b>
15	Overpayment. If line 1	3g is more than li	ne 12, enter the	difference		Check one:	Apply to next retur	n. Send a refund
Part	2: Tell us about y	our deposit s	schedule an	d tax liability f	or this quarter.			
If you	u're unsure about w	hether you're	a monthly so	chedule deposi	tor or a semiweek	ly schedule de	positor, see sect	ion 8 of Pub. 80.
16		and you didn't quarter was les federal tax liabi semiweekly sch	incur a \$100 s than \$2,500 lity. If you're a nedule deposi	0,000 next-day of the but line 12 on a monthly scheditor, attach Schedule depositor for the but the bu	or line 12 on the redeposit obligation this return is \$100,0 dule depositor, compedule B (Form 941).	during the cur 000 or more, you plete the depos Go to Part 3.	rent quarter. If lir u must provide a r sit schedule below	ne 12 for the prior record of your r; if you're a
		T 10 1 100	<b>N</b> 4 - 11 - 1					
		Tax liability:	Month 1					
			Month 2		•			
			Month 3					
		Total liability fo	or quarter			Total must ed	qual line 12.	
			-	•	<b>or for any part of t</b> dule Depositors, and	•	•	, , , , , , , , , , , , , , , , , , , ,

Name (n	ot your trade nam	e)			Employer ide	entification number (EIN)				
Part 3	•	out your business. If a question does NOT apply			s, leave it b					
17	If your business has closed or you stopped paying wages									
	enter the final date you paid wages / / ; also attach a statement to your return. See instructions.									
18	If you're a sea	asonal employer and you don't have to file a return	for every	quarter	of the year	Check	chere.			
19	Qualified health	plan expenses allocable to qualified sick leave wages for	leave take	en before	April 1, 2021	19				
20	Qualified health	plan expenses allocable to qualified family leave wages fo	20							
21	Reserved for	future use		21						
22	Reserved for	future use		22	•					
23	Qualified sick	leave wages for leave taken after March 31, 2021,	per 1, 2021	23						
24	Qualified heal	th plan expenses allocable to qualified sick leave w	line 23 .	24	•					
25		er certain collectively bargained agreements allog								
	wages report	ed on line 23				25				
26	Qualified fam	ily leave wages for leave taken after March 31, 2021	, and befo	ore Octo	ber 1, 2021	26				
27	Qualified heal	th plan expenses allocable to qualified family leave w	ages rep	orted or	line 26 .	27				
28	Amounts und wages report	er certain collectively bargained agreements allocated on line 26	•	ualified 1	family leave	28				
Part 4	May we s	peak with your third-party designee?								
	Do you wan instructions	t to allow an employee, a paid tax preparer, or anot for details.	ther pers	on to dis	scuss this re	turn with the IRS? Se	e the			
	Yes. [	Designee's name and phone number								
	5	Select a 5-digit personal identification number (PIN) to u	use when	talkina t	o the IRS.					
	□ <sub>No.</sub>	,		J			<b>-</b>			
Part !		<ul> <li>You MUST complete all three pages of Form 94 ury, I declare that I have examined this return, including according.</li> </ul>				ts. and to the best of my k	nowledge and			
		, and complete. Declaration of preparer (other than taxpayer)				-	•			
Sia	n your		Print y name							
_	ne here									
			Print y title he							
	Date	/ /	Best o	daytime į	ohone					
Pai	d Preparer U	Jse Only			Check if you	u're self-employed .				
Prepare	er's name				PTIN					
Prepare	er's signature				Date	/ /				
	name (or yours employed)				EIN					
Addres	, ,				Phone					
0::					715					
City			State		ZIP code					

Page **3** Form **941-SS** (Rev. 3-2023)



# 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 quarter 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 made payable to "United States Treasury." Be sure to enter your EIN, "Form 941-SS," and the tax period ("1st Quarter 2023," "2nd Quarter 2023," "3rd Quarter 2023," or "4th Quarter 2023") 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 Here and Mail With Your Payment and Form 941-SS.

E 941-V(SS)  Department of the Treasury Internal Revenue Service  Do			n't s	Payment Voucher staple this voucher or your payment to Form 941-SS.	OMB No. 1545-0029		
Enter your employer idenumber (EIN).  -	entification		2	Enter the amount of your payment.  Make your check or money order payable to "United States Treasury."	Dolla	ars	Cents
3 Tax Period  1st Quarter	0	3rd Quarter	4	Enter your business name (individual name if sole proprietor).  Enter your address.			
2nd Quarter		4th Quarter		Enter your city, state, and ZIP code; or your city, foreign country name	, foreign province/co	ounty, 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 its 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:

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.