

Form **941 for 2013: Employer's QUARTERLY Federal Tax Return**

950113

(Rev. January 2013) Department of the Treasury Internal Revenue Service OMB No. 1545-0047

Employer identification number (EIN) **CLIENT COMPANY EIN**

Name (not your trade name) **CLIENT COMPANY OWNER'S NAME**

Trade name (if any) **CLIENT COMPANY NAME**

Address **CLIENT COMPANY ADDRESS**

Number Street Suite or room number

CLIENT COMPANY CITY **STATE** **CLIENT ZIP**

City State ZIP code

Report for this Quarter of 2013
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Instructions and prior year forms are available at www.irs.gov/form941.

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

2 Wages, tips, and other compensation 2

3 Income tax withheld from wages, tips, and other compensation 3

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages . . .	<input type="text"/>	x .124 =	<input type="text"/>
5b Taxable social security tips . . .	<input type="text"/>	x .124 =	<input type="text"/>
5c Taxable Medicare wages & tips. . .	<input type="text"/>	x .029 =	<input type="text"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	x .009 =	<input type="text"/>

5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5e

5f Section 3121(q) Notice and Demand Tax due on unreported tips (see instructions) 5f

6 Total taxes before adjustments (add lines 3, 5e, and 5f) 6

7 Current quarter's adjustment for fractions of cents 7

8 Current quarter's adjustment for sick pay 8

9 Current quarter's adjustments for tips and group-term life insurance 9

10 Total taxes after adjustments. Combine lines 6 through 9 10

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

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

12b Number of individuals provided COBRA premium assistance

13 Add lines 11 and 12a 13

14 Balance due. If line 10 is more than line 13, enter the difference and see instructions 14

15 Overpayment. If line 13 is more than line 10, enter the difference Check one: Apply to next return. Send a refund.

► You MUST complete both pages of Form 941 and SIGN it.

Next ►

Name (not your trade name)

CLIENT COMPANY OWNER'S NAME

Employer identification number (EIN)

CLIENT COMPANY 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. 15 (Circular E), section 11.

- 16 Check one: [] Line 10 on this return is less than \$2,500... [] You were a monthly schedule depositor for the entire quarter.

Tax liability: Month 1 [] Month 2 [] Month 3 [] Total liability for quarter [] Total must equal line 10.

- [] 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.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages... [] Check here, and enter the final date you paid wages [] / [] / []

- 18 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 the IRS. [] [] [] [] []

[] No.

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



Sign your name here

[]

Print your name here

[]

Print your title here

[]

Date

[] / [] / []

Best daytime phone

[]

Paid Preparer Use Only

Check if you are self-employed []

Preparer's name

[]

PTIN

[]

Preparer's signature

[]

Date

[] / [] / []

Firm's name (or yours if self-employed)

[]

EIN

[]

Address

[]

Phone

[]

City

[]

State

[]

ZIP code

[]