

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

941 for 2010: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

951110

OMB No. 1545-0029

(EIN)	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer identification number										
Name (not your trade name)	<input type="text"/>									
Trade name (if any)	<input type="text"/>									
Address	<input type="text"/>									
Number	Street				Suite or room number					
<input type="text"/>	<input type="text"/>				<input type="text"/>		<input type="text"/>			
City	State				ZIP code					
<input type="text"/>	<input type="text"/>				<input type="text"/>					

Report for this Quarter of 2010 (Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

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: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<input type="text"/>								
2	Wages, tips, and other compensation	2	<input type="text"/>								
3	Income tax withheld from wages, tips, and other compensation	3	<input type="text"/>								
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6e.									
<table border="1"> <thead> <tr> <th>Column 1</th> <th>Column 2</th> </tr> </thead> <tbody> <tr> <td>5a Taxable social security wages* <input type="text"/></td> <td>$\times .124 =$ <input type="text"/></td> </tr> <tr> <td>5b Taxable social security tips* <input type="text"/></td> <td>$\times .124 =$ <input type="text"/></td> </tr> <tr> <td>5c Taxable Medicare wages & tips* <input type="text"/></td> <td>$\times .029 =$ <input type="text"/></td> </tr> </tbody> </table>		Column 1	Column 2	5a Taxable social security wages* <input type="text"/>	$\times .124 =$ <input type="text"/>	5b Taxable social security tips* <input type="text"/>	$\times .124 =$ <input type="text"/>	5c Taxable Medicare wages & tips* <input type="text"/>	$\times .029 =$ <input type="text"/>	<p>*Report wages/tips for this quarter, including those paid to qualified new employees, on lines 5a-5c. Your liability for exempt wages/tips will be reduced on line 6d (see instructions).</p>	
Column 1	Column 2										
5a Taxable social security wages* <input type="text"/>	$\times .124 =$ <input type="text"/>										
5b Taxable social security tips* <input type="text"/>	$\times .124 =$ <input type="text"/>										
5c Taxable Medicare wages & tips* <input type="text"/>	$\times .029 =$ <input type="text"/>										
5d	Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c	5d	<input type="text"/>								
6a	Number of qualified employees first paid exempt wages/tips this quarter	See instructions for definitions of "qualified employees" and "exempt wages/tips."									
6b	Number of qualified employees paid exempt wages/tips this quarter	<input type="text"/>									
6c	Exempt wages/tips paid to qualified employees this quarter <input type="text"/>	$\times .062 =$	6d <input type="text"/>								
6e	Total taxes before adjustments (line 3 + line 5d - line 6d = line 6e)	6e	<input type="text"/>								
7a	Current quarter's fractions of cents	7a	<input type="text"/>								
7b	Current quarter's sick pay	7b	<input type="text"/>								
7c	Current quarter's adjustments for tips and group-term life insurance	7c	<input type="text"/>								
8	Total taxes after adjustments. Combine lines 6e through 7c	8	<input type="text"/>								
9	Advance earned income credit (EIC) payments made to employees	9	<input type="text"/>								
10	Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	<input type="text"/>								
11	Total deposits including prior quarter overpayments	11	<input type="text"/>								
12a	COBRA premium assistance payments (see instructions)	12a	<input type="text"/>								
12b	Number of individuals provided COBRA premium assistance	Complete lines 12c, 12d, and 12e only for the 2nd quarter of 2010.									
12c	Number of qualified employees paid exempt wages/tips March 19-31	<input type="text"/>									
12d	Exempt wages/tips paid to qualified employees March 19-31 <input type="text"/>	$\times .062 =$	12e <input type="text"/>								
13	Add lines 11, 12a, and 12e	13	<input type="text"/>								
14	Balance due. If line 10 is more than line 13, enter difference and see instructions	14	<input type="text"/>								
15	Overpayment. If line 13 is more than line 10, enter difference <input type="text"/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.									

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

Next ►

Name (not your trade name)

Employer identification number (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 ☐ ☐ Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in *multiple* states.

17 Check one: ☐ Line 10 on this return is less than \$2,500 or line 10 on the return for the preceding quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. 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 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.

18 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages / / .

19 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

Paid preparer's use onlyCheck if you are self-employed . . . ☐

Preparer's name

Preparer's SSN/PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City

State

ZIP code