

Employer identification number (EIN) _____
Name (not your trade name) _____
Trade name (if any) _____
Address _____

Report for this Quarter of 2012 (Check one.)
 1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December
 Prior-year forms are available at www.irs.gov/form941.

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 .104 =	<input type="text"/>
5b Taxable social security tips	<input type="text"/>	x .104 =	<input type="text"/>
5c Taxable Medicare wages & tips.	<input type="text"/>	x .029 =	<input type="text"/>

5d Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c **5d**

5e Section 3121(q) Notice and Demand--Tax due on unreported tips (see instructions). **5e**

6 Total taxes before adjustments (add lines 3, 5d, and 5e) **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. **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)	Employer identification number (EIN)
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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 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). 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	<input style="width:95%;" type="text"/>	
	Month 2	<input style="width:95%;" type="text"/>	
	Month 3	<input style="width:95%;" type="text"/>	
	Total liability for quarter	<input style="width:95%;" type="text"/>	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 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	<input style="width:95%;" type="text"/>	Print your name here	<input style="width:95%;" type="text"/>
		Print your title here	<input style="width:95%;" type="text"/>
Date	<input style="width:100px;" type="text"/>	Best daytime phone	<input style="width:150px;" type="text"/>

Paid Preparer Use Only

Check if you are self-employed

Preparer's name	<input style="width:95%;" type="text"/>	PTIN	<input style="width:95%;" type="text"/>
Preparer's signature	<input style="width:95%;" type="text"/>	Date	<input style="width:100px;" type="text"/>
Firm's name (or yours if self-employed)	<input style="width:95%;" type="text"/>	EIN	<input style="width:95%;" type="text"/>
Address	<input style="width:95%;" type="text"/>		Phone
City	<input style="width:100px;" type="text"/>	State	<input style="width:50px;" type="text"/>
		ZIP code	<input style="width:100px;" type="text"/>