

Employer's Quarterly Federal Tax Return

See separate instructions for information on completing this return.

Please type or print.

Enter State
code for
state in
which
deposits
made only if
different from
state in
address to
the right
(see
page 3 of
instructions).



Federal ID Number
56-1234567

Date Quarter Ended
3/31/00

OMB No. 1545-0028

T
FF
FD
FP
I
T

ABC Corporation, Inc.
Name

Trade Name

1020 Crews Road
Suite L
Address

If address is
different from
prior return
check here.



1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	4	4	4	5	5	5
6	7	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	10	10	10	10	10	10

If you do not have to file returns in the future, check here ☐ and enter date final wages paid

If you are a seasonal employer, see SEASONAL EMPLOYERS on page 1 and check here ☐

1	Number of employees in the pay period that includes March 12th	1	
2	Total wages and tips, plus other compensation	2	20,790 00
3	Total income tax withheld from wages, tips and sick pay	3	2,745 00
4	Adjustment of withheld income tax for preceding quarters of calendar year	4	
5	Adjusted total of income tax withheld. Line 3 as adjusted by line 4 - see instructions)	5	2,745 00
6	Taxable social security wages	6a	20,790 00
	Taxable social security tips	6c	
7	Taxable Medicare wages and tips	7a	20,790 00
8	Total social security and Medicare taxes (Add lines 6b, 6d, and 7b)	8	3,180 87
9	Adjustment of social security and Medicare taxes (see instructions for required explanation). Sick Pay _____ ± Fractions of cents -0.03 ± Other _____ =	9	-0 03
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9 - (see instructions)	10	3,180 84
11	Total taxes (add lines 5 and 10)	11	5,925 84
12	Advance earned income credit (EIC) payments made to employees if any	12	
13	Net taxes (subtract line 12 from line 11). This should equal line 17, column (d) below (or line D of Schedule B (Form 941)	13	5,925 84
14	Total deposits for quarter, including overpayment applied from a prior quarter	14	5,925 84
15	Balance due (subtract line 14 from line 13). Pay to the Internal Revenue Service	15	
16	Overpayment, if line 14 is more than line 13, enter excess here \$ _____ and check if to be: <input type="checkbox"/> Applied to next return OR <input type="checkbox"/> Refunded * All Filers: If line 13 is less than \$1000, you need not complete line 17 or schedule B. * Semiweekly depositors: Complete Schedule B and check here <input checked="" type="checkbox"/> * Monthly depositors: Complete line 17, columns (a) through (d) and check here <input type="checkbox"/>		

17 Monthly summary of Federal tax liability. Do not complete if you were a semiweekly schedule depositor.			
(a) First month of liability	(b) Second month of liability	(c) Third month of liability	(d) Total liability for quarter

Sign Here 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

Signature

Print Your
Name and Title

Date

**SCHEDULE B
(FORM 941)**

(Rev. January 1996)
Department of the Treasury
Internal Revenue Service
Name

Employer's Record of Federal Tax Liability

See Circular E for more information about employment tax returns.

OMB No. 1545-0028

Attach to Form 941 or Form 941-SS.

ABC Corporation, Inc.

Employer ID
56-1234567

Date
3/31/00

You must complete this schedule if you are required to deposit on a semiweekly basis, or if your tax liability on any day is \$100,000 or more. Show tax liability here, not deposits. (The IRS gets deposit data from FTD coupons.)

A. Daily Tax Liability - First Month of Quarter

1		8		15	389	14	22		29	
2		9		16			23		30	
3		10		17			24		31	1,586 14
4		11		18			25			
5		12		19			26			
6		13		20			27			
7		14		21			28			
A Total tax liability for first month of quarter									A	1,975 28

B. Daily Tax Liability - Second Month of Quarter

1		8		15	389	14	22		29	1,586 14
2		9		16			23		30	
3		10		17			24		31	
4		11		18			25			
5		12		19			26			
6		13		20			27			
7		14		21			28			
B Total tax liability for second month of quarter									B	1,975 28

C. Daily Tax Liability - Third Month of Quarter

1		8		15	389	14	22		29	
2		9		16			23		30	
3		10		17			24		31	1,586 14
4		11		18			25			
5		12		19			26			
6		13		20			27			
7		14		21			28			
C Total tax liability for third month of quarter									C	1,975 28

D Total for quarter (add lines A, B, and C). This should equal line 13 of Form 941

D 5,925 84