

Employer identification number (EIN) 12-3456789
 Name (not your trade name) ABC Company, LLC
 Trade name (if any) _____
 Address 123 Main St
Anytown NA 55555

OMB No. 1545-0029

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" value="10,000.00"/>	x .124 =	<input type="text" value="1,240.00"/>
5b Taxable social security tips	<input type="text"/>	x .124 =	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text" value="10,000.00"/>	x .029 =	<input type="text" value="290.00"/>
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			<input type="text" value="1,530.00"/>
5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)			<input type="text"/>
6 Total taxes before adjustments (add lines 3, 5e, and 5f)			<input type="text" value="2,280.00"/>
7 Current quarter's adjustment for fractions of cents			<input type="text"/>
8 Current quarter's adjustment for sick pay			<input type="text"/>
9 Current quarter's adjustments for tips and group-term life insurance			<input type="text"/>
10 Total taxes after adjustments. Combine lines 6 through 9			<input type="text" value="2,280.00"/>
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.			<input type="text"/>
12a COBRA premium assistance payments (see instructions)			<input type="text"/>
12b Number of individuals provided COBRA premium assistance			<input type="text"/>
13 Add lines 11 and 12a			<input type="text"/>
14 Balance due. If line 10 is more than line 13, enter the difference and see instructions			<input type="text" value="2,280.00"/>

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 ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher.

Form **941** (Rev. 1-2013)