Departi	941 January 1995) ment of the Treasury Revenue Service	41.4	ł] ►	Empl See se			ctions		nforr	nati	on o											
Enter code state		Name (as distinguished from trade name)									Date quarter ended							OMB No. 1545-0029			0029	
which depo: made	sits	Trac		Employer identification number									FI FI	F								
(see page		Address (number and street)							City, state, and ZIP code									FI				
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	udo not have to uare a seasonal													0		aid ►	=	_				
1	you are a seasonal employer, see Seasonal employers on page 1 of the instructions and check here ►																					
2	Total wages and tips, plus other compensation										.	2										
3	Total income t			-	•					-	. •			•			• -	3				+
4	Adjustment of					-							•		•••	·	• -	4				
5 6a	Adjusted total Taxable social							eu by	/ IIIIe	: 4-	-see 	IIISt				124)	·	6a				
b	Taxable social	-	-				\$						×			(.124)		6b				
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8	Total social se are not subjec	t to soci	ial secu	rity and	/or Me	edicare	e tax			•					.ັ▶		ן נ	8				ļ
9	Adjustment of Sick Pay \$																-	9				
10	Adjusted total instructions).	l of soc)	10				
11	Total taxes (a	dd lines	5 and ²	10)													. -	11				
12	Advance earne	ed incon	ne credi	it (EIC)	bayme	nts m	ade t	o em	ploy	ees	, if a	ny.					.	12				
13													13									
14	Total deposits for quarter, including overpayment applied from a prior quarter										. -	14										
15 16	Balance due Overpayment and check if t • All filers: If • Semiweekly • Monthly de	, if line 1 o be: line 13 i: y depos i	I4 is mo s less th itors: C	ore than Applied han \$50 Complete	line 1 to nex 0, you e Sche	3, ent t retui need dule [er ex rn (I not (3 and	cess)R comp I cheo	here	e ► Re line ere	\$ fund 17 •	ed. or S	che	edule	В.		 —			 		
17	Monthly Sum	-	Federa		-																	
<u> </u>	(a) First month liability (b) Second month liability (c) Third month liability									(d) Total liability for quarter												
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For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Cat. No. 17001Z

Form 941 **Payment Voucher**

Purpose of Form

I

Complete Form 941-V if you are making a payment with Form 941, Employer's Quarterly Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and make a payment with that return, please provide this payment voucher to the return preparer.

Making Payments With Form 941?

Make payments with Form 941 only if:

1. Your net taxes for the quarter (line 13 on Form 941) are less than \$500, or

2. You are making a payment in accordance with the accuracy of deposits (98% rule) provision (see section 11 of Circular E, Employer's Tax Guide, for details). This amount may exceed \$500.

Caution: Only monthly schedule depositors are allowed to pay these underpayments with the return.

If 1 or 2 do not apply, you must deposit the amount at an authorized depositary (see section 11 of Circular E for deposit instructions). Make your deposit with a Federal Tax Deposit (FTD) coupon (Form 8109), not the Form 941-V payment voucher.

Caution: If you pay amounts with Form 941 that should have been deposited, you may be subject to a penalty. See Circular E.

Specific Instructions

Box 1—Employer identification number (EIN).—If you do not have an EIN, apply for one on Form SS-4, Application for Employer Identification Number, and write "Applied for" and the date you applied in this entry space.

Box 2.—Enter the first four characters (letters or numbers) of your business name (as shown in box 6). Box 3.—No entry.

Box 4—Tax period.—Darken the capsule identifying the quarter for which the payment is made. Darken only one capsule.

Box 5.—No entry.

Box 6—Name and address.—Enter your business name and address as shown on Form 941.

Box 7—Amount paid.—Enter the amount paid with Form 941.

• Make your check or money order payable to the Internal Revenue Service. Don't send cash. Please don't staple your payment to the voucher or the return.

• Detach the voucher and send it with the return.



Printed on recycled paper

		(Detach	at this line)					
Form 941-V	OMB No. 1545-0029							
Department of the Treasury Internal Revenue Service	For	Form 941 Pa	-	1995				
1 Your employer identif	ication number	2 First four characters of	3 MFT	4 Tax period		5 Transaction code		
		your business name	0 1	O 1st Quarter	O 3rd Quarter	6 1 0		
6 Name and address			 Make cl Service. D 	o not send cash but do not stap	rder payable to	. \$ the Internal Revenue t with this voucher and		