

# Annual Return of Withheld Federal Income Tax

OMB No. 1545-1430

▶ For withholding reported on Forms 1099 and W-2G.

▶ See separate instructions. For more information on income tax withholding, see Circular E.

**1998**

Please type or print.

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

Name (as distinguished from trade name)

Employer identification number

Trade name, if any

Address (number and street)

City, state, and ZIP code

|              |  |
|--------------|--|
| IRS USE ONLY |  |
| T            |  |
| FF           |  |
| FD           |  |
| FP           |  |
| I            |  |
| T            |  |

If address is different from prior return, check here ▶

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|
| IRS Use | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 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 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |

If you do not have to file returns in the future, check here  and enter date final payments paid ▶ .....

|   |   |   |  |  |
|---|---|---|--|--|
| 1 | Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc. . . . .           | 1 |  |  |
| 2 | Backup withholding . . . . .  | 2 |  |  |
| 3 | Adjustment to correct administrative errors (see instructions) . . . . .                              | 3 |  |  |
| 4 | <b>Total taxes.</b> If \$500 or more, this must equal line 8M below or line M of Form 945-A . . . . . | 4 |  |  |
| 5 | Total deposits for 1998 from your records, including overpayment applied from a prior year . . . . .  | 5 |  |  |
| 6 | <b>Balance due</b> (subtract line 5 from line 4). See instructions . . . . .                          | 6 |  |  |

7 **Overpayment.** If line 4 is less than line 5, enter overpayment here ▶ \$ \_\_\_\_\_ and check if to be:

Applied to next return **OR**  Refunded

- **All filers:** If line 4 is less than \$500, you need not complete line 8 or Form 945-A.
- **Semiweekly schedule depositors:** Complete Form 945-A and check here . . . . . ▶
- **Monthly schedule depositors:** Complete line 8, entries A through M, and check here. . . . . ▶

**8 Monthly Summary of Federal Tax Liability.** Do not complete if you are a semiweekly schedule depositor.

|                      | Tax liability for month |  |                       | Tax liability for month |  |   | Tax liability for month |  |
|----------------------|-------------------------|--|-----------------------|-------------------------|--|---|-------------------------|--|
| A January . . . . .  |                         |  | F June . . . . .      |                         |  | K November . . . . .  |                         |  |
| B February . . . . . |                         |  | G July . . . . .      |                         |  | L December . . . . .  |                         |  |
| C March . . . . .    |                         |  | H August . . . . .    |                         |  | M Total liability for year (add entries A through L). . . . . |                         |  |
| D April . . . . .    |                         |  | I September . . . . . |                         |  |   |                         |  |
| E May . . . . .      |                         |  | J October . . . . .   |                         |  |   |                         |  |

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.

**Sign Here**

Signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Print Your Name and Title ▶ \_\_\_\_\_ Telephone Number (optional) ▶ \_\_\_\_\_



# Form 945-V Payment Voucher

## Purpose of Form

We will credit your payment more promptly and accurately, and improve our service to you if you use Form 945-V to make a payment with **Form 945**, Annual Return of Withheld Federal Income Tax.

## Making Payments With Form 945

Make payments with your 1998 Form 945 only if:

1. Your total taxes for the year (line 4 on Form 945) are less than \$500 or
2. You are a monthly schedule depositor making a payment in accordance with the **Accuracy of Deposits** rule (see section 11 of **Circular E**, Employer's Tax Guide, for details). This payment may exceed \$500.

Otherwise, you are required to deposit the payment at an authorized financial institution or by electronic funds transfer (see section 11 of Circular E for deposit instructions). Do not use the Form 945-V payment voucher to make Federal tax deposits.

**Caution:** *If you make payments with Form 945 that should have been deposited, you may be subject to a penalty. See Circular E.*

**Note:** *Beginning with your 1999 Form 945, if your total taxes for the year (line 4) are less than \$1,000, you are not required to make deposits. You may pay the total tax with Form 945.*

## Specific Instructions

- Make your check or money order payable to the "United States Treasury." Be sure to enter your EIN, "Form 945," and "1998" on your check or money order. Do not send cash. Please do not staple your payment to the voucher or the return.
  - Detach the completed voucher and send it with your payment and Form 945 to the address provided in the separate **Instructions for Form 945**.
- Box 1**—Enter the amount paid with Form 945.
- Box 2**—Enter the first four characters of your name as follows:
- **Individuals (sole proprietorships, estates).**—Use the first four letters of your last name (as shown in box 4).
  - **Corporations.**—Use the first four characters (letters or numbers) of your business name (as shown in box 4). Omit "The" if followed by more than one word.
  - **Partnerships.**—Use the first four characters of your trade name. If no trade name, enter the first four letters of the last name of the first listed partner.
- Box 3**—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 4**—Enter your name and address as shown on Form 945.

(Detach at this line) Cat. No. 20563G

**Form 945-V**

Department of the Treasury  
Internal Revenue Service

**Form 945 Payment Voucher**

OMB No. 1545-1430

**1998**

► Use this voucher when making a payment with your return.

|  |   |  |
|--|---|--|
| <p>1 Enter the amount of the payment you are making</p> <p>► \$ .</p>    | <p>2 Enter the first four letters of your last name (business name if corporation or partnership)</p> | <p>3 Enter your employer identification number</p> |
| <p>4 Enter your business name (individual name for sole proprietors)</p> | <p>Enter your address</p>   |  |
|  | <p>Enter your city, state, and ZIP code</p>   |  |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 945.