

# Employer's Quarterly Federal Tax Return

American Samoa, Guam, the Commonwealth of the Northern Mariana Islands,  
 and the U.S. Virgin Islands

▶ See separate instructions revised January 2003 for information on completing this return.

OMB No. 1545-0029

Name (as distinguished from trade name)	Date quarter ended
Trade name, if any	Employer identification number
Address (number and street)	City, state, and ZIP code

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	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		9	9	9	9	9	9	9	10	10	10	10	10	10

If address is different from prior return, check here  **IRS Use**

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** in separate instructions and check here

Complete Line 1 for First Quarter Only				
1	Number of employees (except household) employed in the pay period that includes March 12th . . . . .			1
2-5				
6	Taxable social security wages . . . . .	6a		6b
	Taxable social security tips . . . . .	6c	× 12.4% (.124) =	6d
7	Taxable Medicare wages and tips . . . . .	7a	× 2.9% (.029) =	7b
8	Total social security and Medicare taxes (add lines 6b, 6d, and 7b) . . . . .			8
9	Adjustment of social security and Medicare taxes (see instructions for required explanation) . . . . .			9
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9). <b>If \$2,500 or more, this must equal line 17, col. (d), below or line D of Schedule B (Form 941)</b> . . . . .			10
11-13				
14	Total deposits for quarter, including overpayment applied from prior quarter . . . . .			14
15	Balance due (subtract line 14 from line 10, see instructions) . . . . .			15
16	Overpayment. If line 14 is more than line 10, enter excess here ▶ \$ _____ and check if to be: <input type="checkbox"/> Applied to next return      or <input type="checkbox"/> Refunded.			

- **All filers:** If line 10 is less than \$2,500, **do not** complete line 17 or Schedule B (Form 941).
- **Semiweekly schedule depositors:** Complete **Schedule B (Form 941)** and check here if line 10 is \$2,500 or more
- **Monthly schedule depositors:** Complete **line 17, columns (a) through (d)**, and check here if line 10 is \$2,500 or more

17 Monthly Summary of Federal Tax Liability. (Complete <b>Schedule B (Form 941)</b> , instead, if you were a semiweekly schedule depositor.)			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see separate instructions)?  Yes. Complete the following.  No

Designee's name ▶	Phone no. ▶ ( )	Personal identification number (PIN) ▶
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**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 ▶

# Form 941-SS Payment Voucher

## Purpose of Form

Complete Form 941-SS(V) if you are making a payment with **Form 941-SS**, 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-SS

Make payments with Form 941-SS **only if**:

- Your net taxes for the quarter (line 10 on Form 941-SS) are less than \$2,500 and you are paying in full with a timely filed return or
- You are a monthly schedule depositor making a payment in accordance with the **Accuracy of Deposits Rule**. (See section 8 of **Circular SS (Pub. 80)**, Federal Tax Guide for Employees in the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, for details.) This amount may be \$2,500 or more.

Otherwise, you must deposit the amount at an authorized financial institution or by electronic funds transfer. See section 8 of Circular SS for deposit instructions. Do not use the Form 941-SS (V) payment voucher to make Federal tax deposits.

**Caution:** If you pay an amount with Form 941-SS that should have been deposited, you may be subject to a penalty. See **Deposit Penalties** in section 8 of Circular SS (Pub. 80).

## 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—Amount paid.** Enter the amount you are paying with Form 941-SS.

**Box 3—Tax period.** Darken the capsule identifying the quarter for which the payment is made. Darken only one capsule.

**Box 4—Name and address.** Enter your name and address as shown on Form 941-SS.

- Make your check or money order made payable to the "United States Treasury." Be sure also to enter your EIN, "Form 941-SS," and the tax period on your check or money order. Do not send cash. Do not staple this voucher or your payment to the return (or to each other).

- Detach the completed voucher and send it with your payment and Form 941-SS to: **Internal Revenue Service, P.O. Box 80106, Cincinnati, OH 45280-0006.**

▼ Detach Here and Mail With Your Payment and Tax Return. ▼

Form **941-SS(V)** (2003)

Form **941-SS(V)**

Department of the Treasury  
Internal Revenue Service (99)

## Payment Voucher

OMB No. 1545-0029

**2003**

▶ Do not staple or attach this voucher to your payment.

1 Enter your employer identification number		2 Enter the amount of your payment		Dollars	Cents
3 Tax period		4 Enter your business name (individual name if sole proprietor).			
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	Enter your address.			
<input type="radio"/> 2nd Quarter	<input type="radio"/> 4th Quarter	Enter your city, state, and ZIP code.			