

Form 941-M for 2005: Employer's Monthly Federal Tax Return

OMB No. 1545-0718

(Rev. March 2005) Department of the Treasury — Internal Revenue Service

▶ Do not file this form unless instructed to do so by the IRS.

Employer identification number -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Report for this Month ...
(Check ONE month only.)

Jan. Feb. March

April May June

July August Sept.

Oct. Nov. Dec.

Read the separate instructions before you fill out this form. Please type or print within the boxes.

Part 1: Answer these questions for this month.

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), Dec. 12 (Quarter 4)* **1**

2 Wages, tips, and other compensation **2**

3 Total 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.

5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2	
5a Taxable social security wages	<input type="text"/>	× .124 =	<input type="text"/>	
5b Taxable social security tips	<input type="text"/>	× .124 =	<input type="text"/>	
5c Taxable Medicare wages & tips	<input type="text"/>	× .029 =	<input type="text"/>	
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)				<input type="text"/>

6 Total taxes before adjustments (lines 3 + 5d = line 6) **6**

7 Tax adjustments (If your answer is a negative number, write it in brackets.):

7a Current month's fractions of cents	<input type="text"/>
7b Current month's sick pay	<input type="text"/>
7c Current month's adjustments for tips and group-term life insurance	<input type="text"/>
7d Current year's income tax withholding (Attach Form 941c)	<input type="text"/>
7e Prior quarters' social security and Medicare taxes (Attach Form 941c)	<input type="text"/>
7f Special additions to federal income tax (reserved use)	<input type="text"/>
7g Special additions to social security and Medicare (reserved use)	<input type="text"/>
7h Total adjustments (Combine all amounts: lines 7a through 7g.)	<input type="text"/>

8 Total taxes after adjustments (Combine lines 6 and 7h.) **8**

9 Advance earned income credit (EIC) payments made to employees **9**

10 Total taxes after adjustment for advance EIC (lines 8 - 9 = line 10) **10**

11 Total deposits for this month, including overpayment applied from a prior month **11**

12 Balance due (lines 10 - 11 = line 12) Make checks payable to the *United States Treasury* **12**

13 Overpayment (If line 11 is more than line 10, write the difference here.)

Check one Apply to next return.
 Send a refund.

Next ➔

Name (not your trade name)

Employer identification number

Part 2: Tell us about your deposit schedule for this month.

14 Record of Federal Tax Liability and Deposits (Read the instructions for this line.)

Table with 6 columns: Tax Liability, Amount Deposited, Tax Liability, Amount Deposited, Tax Liability, Amount Deposited. Rows include 1-11 for monthly entries and summary rows 14a and 14b.

15 Copy the amount shown on line 14b to line 11.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed and you do not have to file returns in the future Check here, and enter the final date you paid wages [/ /]

17 If you are a seasonal employer and you do not have to file a return for every month of the year Check here.

Part 4: May we contact your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name []

Phone () - Personal Identification Number (PIN) [] [] [] [] []

No.

Part 5: 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.

X Sign your name here []
Print name and title []
Date [/ /] Phone () - []

Part 6: For paid preparers only (optional)

Preparer's signature []
Firm's name []
Address [] EIN []
[] ZIP code []
Date [/ /] Phone () - [] SSN/PTIN []
 Check if you are self-employed.