Form **941 for 2020:** **Employer's QUARTERLY Federal Tax Return**

950120

(Rev. July 2020)   Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

(EIN)
Employer identification number   0 1 — 2 3 4 5 6 7 8

Name (not trade name)   MEDLIN SOFTWARE INC

Trade Name (if any)   YOUR TRADE NAME HERE

Address   PO BOX 10372
Number   Street   Suite or room number

NAPA   OR   94581
City   State   ZIP Code

Foreign country name   Foreign province/county   Foreign postal code

Report for this Quarter of 2020
(Check one.)

☐ 1: January, February, March

☐ 2: April, May, June

☒ 3: July, August, September

☐ 4: October, November, December

Prior year forms are available at www.irs.gov/form941

Read the separate instructions before you complete this form. 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 June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)** . . . . **1** | 0

2 **Wages, tips, and other compensation** . . . . **2** | 45500.00

3 **Federal income tax withheld from wages, tips, and other compensation** . . . . **3** | 4964.00

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** . .	45000.00	x .124 =	5580.00
5a	**(i) Qualified sick leave wages** . .	500.00	x .062 =	31.00
5a	**(ii) Qualified family leave wages** .		x .062 =	
5b	**Taxable social security tips** . .		x .124 =	
5c	**Taxable Medicare wages & tips** .	45500.00	x .029 =	1319.50
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		x .009 =	

5e **Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d**   **5e** | 6930.50

5f **Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)** . . . . **5f** |

6 **Total taxes before adjustments. Add lines 3, 5e, and 5f** . . . . **6** | 11894.50

7 **Current quarter's adjustment for fractions of cents** . . . . **7** |

8 **Current quarter's adjustment for sick pay** . . . . **8** |

9 **Current quarter's adjustments for tips and group-term life insurance** . . . . **9** |

10 **Total taxes after adjustments. Combine lines 6 through 9** . . . . **10** | 11894.50

11a **Qualified small business payroll tax credit for increasing research activities. Attach Form 8974** **11a** |

11b **Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1** **11b** | 507.25

11c **Nonrefundable portion of employee retention credit from Worksheet 1** . . . . **11c** |

You MUST complete all three pages of Form 941 and SIGN it

For Privacy Act and Paperwork Reduction Act Notice, see instructions

Next >>

Form 941 (Rev. 7-2020)

Name (not your trade name)	Employer Identification Number (EIN)
MEDLIN SOFTWARE INC	012345678

Part 1: Answer these questions for this quarter. (continued)

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c . . . . **11d** | 507.25 |

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 . . **12** | 11387.25 |

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X, 941-X(PR), 944-X, 944-X(PR), or 944-X(SP) filed in the current quarter . . . **13a** | 11894.50 |

13b Deferred amount of of social security tax . . . . **13b** | |

13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 . . **13c** | |

13d Refundable portion of employee retention credit from Worksheet 1 . . . . **13d** | |

13e Total deposits, deferrals, and refundable credits. Add Lines 13a, 13b, 13c, and 13d . . . **13e** | 11894.50 |

13f Total advances received from filing Form(s) 7200 for the quarter . . . . **13f** | |

13g Total deposits, deferrals, and refundable credits less advances. Subtract Line 13f from line 13e **13g** | 11894.50 |

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . **14** | |

15 Overpayment. If line 13g is more than line 12, enter difference | 507.25 | Check one: ☐ Apply to next return ☒ Send a refund

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ Line 12 on this return is less than $2,500 or line 12 on the return for the prior quarter was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than $2,500, but line 12 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: **Month 1** | |

Month 2 | |

Month 3 | 11387.25 |

Total liability for the quarter | 11387.25 | **Total must equal line 12.**

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Depositors, and attach it to Form 941. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it   **Next >>**

Name (not your trade name)	Employer Identification Number (EIN)
MEDLIN SOFTWARE INC	012345678

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

17 If your business has closed or you stopped paying wages . . . . ☐ Check here, and

enter the final date you paid wages [   ] ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . ☐ Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages . . . . . . **19** [   ]

20 Qualified health plan expenses allocable to qualified family leave wages . . . . . . **20** [   ]

21 Qualified wages for the employee retention credit . . . . **21** [   ]

22 Qualified health plan expenses allocable to wages reported on line 21 . . . . . . **22** [   ]

23 Credit from Form 5884-C, line 11, for this quarter . . . . **23** [   ]

24 Deferred amount of the employee share of social security tax included on line 13b . . . **24** [   ]

25 Reserved for future use . . . . **25** [   ]

Part 4: May we speak with 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 and phone number [DESIGNEE] [PHONE]

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. [1] [2] [3] [4] [5]

☐ No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here [   ]

Print your name here [PAID PREPARER]

Print your title here [PREPARER]

Date [   ]

Best daytime phone [7072554475]

Paid preparer use only

Check here if you are self-employed ☐

Preparer's name	[PREP NAME]	PTIN [PTIN]
Preparer's signature	[ ]	Date [10-06-2020]
Firm's name (or yours if self-employed)	[FIRM NAME]	EIN [FIRM PTIN]
Address	[ADDRESS]	Phone [PHONE]
City	[CITY] State [ST]	ZIP code [ZIP]