

Form **941 for 2006: Employer's Quarterly Federal Tax Return**

9901

(Rev. January 2005)

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

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 Quarter ... (Check one)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Read the separate instructions before you fill out this form. Please 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 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 here 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" value="3104.05"/>	X .124 =	<input type="text" value="384.90"/>
5b Taxable social security tips	<input type="text"/>	X .124 =	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text" value="3104.05"/>	X .029 =	<input type="text" value="90.02"/>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = 5d) 5d			<input type="text" value="474.92"/>

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

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

7a Current quarter's fractions of cents	<input type="text" value="(0.02)"/>
7b Current quarter's sick pay	<input type="text"/>
7c Current quarter'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 quarter's 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.) 7h	<input type="text" value="(0.02)"/>

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 = 10) **10**

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

12 Balance due (lines 10 - 11 = 12) Make checks payable to the U.S. 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.

Name (not your trade name) Your Company Name Prints Here Employer Identification Number 121234567

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

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Publication 15 (Circular E), Section 11.

14 [C] [A] Write the state abbreviation for the state where you made your deposits OR write MU if you made your deposits in multiple states

15 Check one: [X] Line 10 is less than \$2,500, go to part 3. [] You were a monthly schedule depositor for the entire quarter and line 10 is \$2,500 or more, fill out the tax liability for each month. Then go to Part 3.

Tax liability: Month 1 [] Month 2 [] Month 3 [] Total [] Total must equal line 10.

[] You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors and attach it to this form.

Part 3: Tell us about your business. If a questions 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 quarter 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.

[X] Yes. Designee's name John Smith Phone 707-255-4475 Personal Identification Number (PIN) [1] [2] [3] [4] [5] [] 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 John Smith Date 10/20/05 Phone 707-255-4475

Part 6: For paid preparers only (optional)

Preparer's signature [] Firm's name John Smith Address 1461 Sproul Ave Napa CA EIN Your EIN Here ZIP code 94559 Date 10/20/05 Phone 707-255-4475 SSN/PTIN Your ID Here

[X] Check here if you are self-employed.