

Attention:

DO NOT file Form 944-SS, Employer's ANNUAL Federal Tax Return, unless the IRS has sent you a notice telling you to file it.

Most employers must file Form 941-SS, Employer's QUARTERLY Federal Tax Return.

If you think you qualify to file Form 944-SS, call the IRS at 1-800-829-4933 (Virgin Islands only) or 215-516-2000 (toll call).

You must file annual Form 944-SS instead of filing quarterly Forms 941-SS

Check and go to line 6.

	Column 1		Column 2
	<input type="text"/>	.124 =	<input type="text"/>
	<input type="text"/>	.124 =	<input type="text"/>
&	<input type="text"/>	.029 =	<input type="text"/>
	(Column 2, lines 4a + 4b + 4c = line 4d) . . .		<input type="text"/>

(Read the instructions for line 6 before completing lines 6a through 6f.):

(See instructions)

(See instructions. Attach Form 941c.)

(reserved use). Attach Form 941c

(Combine all amounts: lines 6a through 6e.)

(Combine lines 4d and 6f.)

(If line 7 is more than line 10, write the difference here.) Make your check payable to the United States Treasury and write your EIN, Form 944-SS, and 2006 on the check

(If line 10 is more than line 7, write the difference here.) Check one Apply to next return.

Send a refund.

Next 

<input type="checkbox"/>								
<input type="checkbox"/>	\$							
	Jan.		Apr.		Jul.		Oct.	
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
	Feb.		May		Aug.		Nov.	
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
	Mar.		Jun.		Sep.		Dec.	
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
(Add lines 13a through 13l). Total must equal line 7.								<input type="text"/>

Check here and enter the final date you paid wages. / /

(See the instructions for details.)

Yes. Designee's name

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

No.

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

Print your name here

Print your title here

Date / /

Best daytime phone () ...

(optional)

If you were PAID to prepare this return and are not an employee of the business that is filing this return, you may choose to fill out Part 6.

Paid Preparer's name	<input type="text"/>	Preparer's SSN/PTIN	<input type="text"/>
Paid Preparer's signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Check if you are self-employed.			
Firm's name	<input type="text"/>	Firm's EIN	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		ZIP code	<input type="text"/>

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