

Form 941-M for 2011: Employer's MONTHLY Federal Tax Return

OMB No. 1545-0718

(Rev. July 2011) Department of the Treasury — Internal Revenue Service

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

(EIN) -

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 of 2011
(Check ONE month only.)

Jan. Feb. March

April May June

July Aug. Sept.

Oct. Nov. Dec.

Read the separate instructions before you complete Form 941-M. 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), or Dec. 12 (Quarter 4)* **1**

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

3 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 6e.

	<i>Column 1</i>		<i>Column 2</i>
5a Taxable social security wages	<input type="text"/>	× .104 =	<input type="text"/>
5b Taxable social security tips	<input type="text"/>	× .104 =	<input type="text"/>
5c Taxable Medicare wages & tips.	<input type="text"/>	× .029 =	<input type="text"/>

5d Add *Column 2* line 5a, *Column 2* line 5b, and *Column 2* line 5c **5d**

5e Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) **5e**

6a Reserved for future use.

6b Reserved for future use.

6c Reserved for future use.

6d

6e Total taxes before adjustments (add lines 3, 5d, and 5e) **6e**

7 Current month's adjustment for fractions of cents **7**

8 Current month's adjustment for sick pay **8**

9 Current month's adjustments for tips and group-term life insurance **9**

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

11 Total deposits for this month. Enter the amount from page 2, line 16b **11**

12a COBRA premium assistance payments (see instructions) **12a**

12b Number of individuals provided COBRA premium assistance

13 Add lines 11 and 12a **13**

14 Balance due. If line 10 is more than line 13, enter the difference and see instructions **14**

15 Overpayment. If line 13 is more than line 10, enter the difference Check one: Apply to next return. Send a refund.

For 2011, the employee social security tax rate is 4.2% and the Medicare tax rate is 1.45%.
The employer social security tax rate is 6.2% and the Medicare tax rate is 1.45%.

Do Not Complete Lines 6a-6d

▶ You MUST complete both pages of Form 941-M and SIGN it.

Next ▶

Name (not your trade name)

Employer identification number (EIN)

Part 2: Tell us about your tax liability and deposits for this month.

16 Record of Federal Tax Liability and Deposits. Read the instructions for this line.

Table with columns: Tax Liability, Amount Deposited, Tax Liability, Amount Deposited, Tax Liability, Amount Deposited. Rows 1-11 for monthly entries, and summary rows 16a and 16b.

17 Copy the amount shown on line 16b in Part 2 to line 11 in Part 1.

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

18 If your business has closed or you stopped paying wages [] Check here, and enter the final date you paid wages [] / [] / [] .

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 [] []

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

[] No.

Part 5: Sign here. You MUST complete both pages of Form 941-M 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

[]

Print your title here

[]

Date

[] / [] / []

Best daytime phone

[]

Paid Preparer Use Only

Check if you are self-employed []

Preparer's name

PTIN

[]

Preparer's signature

[]

Date

[] / [] / []

Firm's name (or yours if self-employed)

EIN

[]

Address

Phone

[]

City

State

[]

ZIP code

[]