# Form 941-SS for 2023:

(Rev. March 2023)

## **Employer's QUARTERLY Federal Tax Return**

American Samoa, Guam, the Commonwealth of the Northern

Departn	nent of the Treasury - Internal Revenue Serv	<sub>ce</sub> Mariana I	slands, and th	e U.S. Virgin	Islands	OMB No. 1545-0029
Emplo	yer identification number (EIN)	-			Report (Check o	t for this Quarter of 2023 one.)
Name	e (not your trade name)	<b>1:</b> J	1: January, February, March			
Trede		<b>2:</b> A	2: April, May, June			
Irade	e name (if any)	<b>3:</b> J	uly, August, September			
Addre	ess				4:0	October, November, December
	Number Street		Suite or ro	oom number		ww.irs.gov/Form941SS for ons and the latest information.
	City	Sta	ato 7/6	P code		
				code		
	Foreign country name	Foreign province/county	Foreign p	ostal code		
Read t	he separate instructions before you c	omplete Form 941-SS. Τγ	pe or print wit	hin the boxe	S.	
Part						
1	Number of employees who receive		•			
2	including: Mar. 12 (Quarter 1), Jun	e 12 (Quarter 2), Sept. 12	2 (Quarter 3),	or <i>Dec. 12</i> (	Quarter 4)	1
3						
4	If no wages, tips, and other comp	ensation are subject to s	social security	/ or Medica	re tax	Check and go to line 6.
-		Column 1		Colun		
_				Colui		*Include taxable qualified sick and
5a	Taxable social security wages*		× 0.124 =		•	family leave wages paid in this quarter of 2023 for leave taken
5a	(i) Qualified sick leave wages*		× 0.062 =			after March 31, 2021, and before October 1, 2021, on line 5a. Use
5a	(ii) Qualified family leave wages*		× 0.062 =			lines 5a(i) and 5a(ii) <b>only</b> for taxable qualified sick and family
•••	(.,,		]			leave wages paid in this quarter of 2023 for leave taken after March
5b	Taxable social security tips		× 0.124 =		•	31, 2020, and before April 1, 2021.
5c	Taxable Medicare wages & tips	•	× 0.029 =		•	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =			
5e		taxes. Add column 2 from	lines 5a, 5a(i),	5a(ii), 5b, 5c,	and 5d . 5	5e 🛛
5f	Section 3121(q) Notice and Demar	nd—Tax due on unreport	<b>ted tips</b> (see ir	nstructions)		5f •
6	Total taxes before adjustments. A	dd lines 5e and 5f				6
7	Current quarter's adjustment for f	ractions of cents				7 🔹
8	Current quarter's adjustment for s	ick pay				8
9	Current quarter's adjustments for	tips and group-term life	insurance .			9
10	Total taxes after adjustments. Cor	nbine lines 6 through 9			1	
11a	Qualified small business payroll tax	credit for increasing rese	arch activities	. Attach Forn	n 8974 . <b>1</b>	1a
11b	Nonrefundable portion of credit for	qualified sick and family I	eave wages fo	or leave take	n before	
	April 1, 2021				· · · 1	1b
11c	Reserved for future use				1	10 •

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

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 17016Y

Name (r	ame (not your trade name)				Employer identification number (EIN)				
Dout		augations for	this quarter /	antinuad)			_		
Part		-	· · · ·	·					
11d	Nonrefundable po after March 31, 20		•	-	eave wages fo		en ∙ 11d		•
11e	Reserved for futur	euse					. 11e		
11f	Reserved for futur	euse							
11g	Total nonrefundab	le credits. Add	l lines 11a, 11b, a	and 11d			. 11g		
12	Total taxes after a	djustments an	d nonrefundabl	e credits. Subtrac	t line 11g from	line 10 .	. 12		•
13a	Total deposits for overpayments app						· 13a		
13b	Reserved for futur	euse					. 13b		
13c	Refundable portion	n of credit for	qualified sick ar	nd family leave w	ages for leave	taken before	e		
	April 1, 2021						· 13c		•
13d	Reserved for futur	euse					. 13d		
13e	Refundable portio March 31, 2021, ar		•	-	•				
13f	Reserved for futur	euse					. 13f		
13g	Total deposits and	l refundable cr	edits. Add lines	13a, 13c, and 13e			. 13g		
13h	Reserved for futur	euse					. 13h		
13i	Reserved for futur	euse					. 13i		
14	Balance due. If line	e 12 is more tha	n line 13g, enter	the difference and	d see instruction	ns	. 14		•
15	Overpayment. If line 1	•	-		•	Check one:	Apply	to next return.	Send a refund
Part	2: Tell us about y u're unsure about w			ax liability for thi					- ( D. ). 00
16	Check one:	Line 12 on this and you didn't quarter was less federal tax liabil semiweekly sch You were a mo	return is less th incur a \$100,00 s than \$2,500 bu lity. If you're a m ledule depositor,	han \$2,500 or line 0 next-day depos t line 12 on this re onthly schedule de attach Schedule depositor for the	<b>12 on the retu sit obligation d</b> turn is \$100,00 epositor, comp B (Form 941). C	<b>Irn for the pr</b> <b>uring the cui</b> 0 or more, yo lete the depos to to Part 3.	ior qua rrent qu u must sit sche	arter was less th uarter. If line 12 provide a record adule below; if yo	<b>ian \$2,500,</b> for the prior d of your bu're a
	-	Tax liability:	Month 1						
			Month 2		•				
			Month 3		•				
	-	<b>Fotal liability fo</b>	or quarter		•	Total must e	qual lir	ne 12.	
				lule depositor for veekly Schedule D					

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

Name (r	not your trade nam	e)	Employer id	entification number (EIN)				
Dort		out your business. If a guartian dass NOT apply to your busin		Jonk				
17	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							
			to your return					
enter the final date you paid wages / / ; also attach a statement to your return. See instructions.								
18	If you're a sea	asonal employer and you don't have to file a return for every quarters	er of the year	Check here.				
19	Qualified health	I plan expenses allocable to qualified sick leave wages for leave taken befo	re April 1, 2021	19 🛛				
20	Qualified health	plan expenses allocable to qualified family leave wages for leave taken befor	ore April 1, 2021	20 -				
21	Reserved for	future use		21 .				
22	Reserved for	future use		22 •				
23	Qualified sick	leave wages for leave taken after March 31, 2021, and before Oct	ober 1, 2021	23				
24	Qualified heal	th plan expenses allocable to qualified sick leave wages reported of	on line 23 .	24 •				
25		er certain collectively bargained agreements allocable to qualifi	ed sick leave					
	wages report			•				
26		ily leave wages for leave taken after March 31, 2021, and before Oc		26				
27		th plan expenses allocable to qualified family leave wages reported		27				
28	Amounts und wages report	er certain collectively bargained agreements allocable to qualified ed on line 26	d family leave	28 •				
Part	4: May we s	peak with your third-party designee?						
		t to allow an employee, a paid tax preparer, or another person to o	liscuss this re	eturn with the IRS? See the				
	instructions	for details.						
	Yes. D	Designee's name and phone number						
	S	Select a 5-digit personal identification number (PIN) to use when talking	to the IRS.					
	No.							
Part	5: Sign here	. You MUST complete all three pages of Form 941-SS and SIGI	N it.					
Unde	r penalties of perj	ury, I declare that I have examined this return, including accompanying schedul	es and statemen	, , ,				
belief	, it is true, correct	t, and complete. Declaration of preparer (other than taxpayer) is based on all info	ormation of whic	n preparer has any knowledge.				
Sia	n your	Print your name here						
-	ne here							
		Print your title here						
	Date	/ /						
		Best daytime						
Pai	d Preparer L	Jse Only	Check if yo	u're self-employed				
Prepar	er's name		PTIN					
Bropar	or'a aignatura		Dete					
	er's signature	L	Date					
	name (or yours employed)		EIN					
Addres	26		Phone					
Addres	55							
City		State	ZIP code					
Page <b>3</b>				Form <b>941-SS</b> (Rev. 3-2023)				

# This page intentionally left blank

### Form 941-V(SS), **Payment Voucher**

#### **Purpose of Form**

Complete Form 941-V(SS) if you're making a payment with Form 941-SS. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

#### Making Payments With Form 941-SS

To avoid a penalty, make your payment with Form 941-SS only if:

 Your total taxes after adjustments and nonrefundable credits (Form 941-SS, line 12) for either the current quarter or the preceding quarter are less than \$2,500, you didn't incur a \$100,000 next-day deposit obligation during the current guarter, and you're paying in full with a timely filed return; or

• You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 8 of Pub. 80 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 8 of Pub. 80 for deposit instructions. Don't use Form 941-V(SS) to make federal tax deposits.



Use Form 941-V(SS) when making any payment with Form 941-SS. However, if you pay an amount with Form 941-SS that should've been deposited, you may be subject to a penalty. See Deposit Penalties in section 8 of Pub. 80.

#### **Specific Instructions**

Box 1-Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941-SS, write "Applied For" and the date you applied in this entry space.

Box 2-Amount paid. Enter the amount paid with Form 941-SS.

Box 3-Tax period. Darken the circle identifying the guarter for which the payment is made. Darken only one circle.

Box 4-Name and address. Enter your name and address as shown on Form 941-SS.

• Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941-SS," and the tax period ("1st Quarter 2023," "2nd Quarter 2023," "3rd Quarter 2023," or "4th Quarter 2023") on your check or money order. Don't send cash. Don't staple Form 941-V(SS) or your payment to Form 941-SS (or to each other).

• Detach Form 941-V(SS) and send it with your payment and Form 941-SS to the address in the Instructions for Form 941-SS.

Note: You must also complete the entity information above Part 1 on Form 941-SS.

#### Detach Here and Mail With Your Payment and Form 941-SS.

E 941-V(SS) Department of the Treasury Internal Revenue Service			<b>Payment Voucher</b> n't staple this voucher or your payment to Form 941-SS.	OMB No. 15	45-0029 <b>23</b>	
<ol> <li>Enter your employer ide number (EIN).</li> </ol>	entification		2 Enter the amount of your payment. Make your check or money order payable to "United States Treasury."	Dolla	ars	Cents
3 Tax Period 1st Quarter	0	3rd Quarter	Enter your business name (individual name if sole proprietor).     Enter your address.			
2nd Quarter	0	4th Quarter	Enter your city, state, and ZIP code; or your city, foreign country name,	, foreign province/co	ounty, and foreign	postal code.

#### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on Form 941-SS to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941-SS is used to determine the amount of the taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner or provide false or fraudulent information, you may be subject to penalties.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941-SS will vary depending on individual circumstances. The estimated average time is:

17	' hr.,	42 min.
		24 min.
•	•	42 min.
	•	

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941-SS simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/ FormComments.* Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form 941-SS to this address. Instead, see *Where Should You File?* in the Instructions for Form 941-SS.