

# Annual Return of Withheld Federal Income Tax

OMB No. 1545-1430

▶ For withholding reported on Forms 1099 and W-2G.

▶ See separate instructions. For more information on income tax withholding, see Circular E.  
**4545** Please type or print.

**1994**

Enter state code for state in which deposits made . . . ▶ (see page 3 of instructions).

Name (as distinguished from trade name) \_\_\_\_\_ Employer identification number \_\_\_\_\_  
 Trade name, if any \_\_\_\_\_  
 Address (number and street) \_\_\_\_\_ City, state, and ZIP code \_\_\_\_\_

IRS USE ONLY	
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If address is different from prior return, check here ▶

1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	4	4	4				
5	5	5	6	7	8	8	8	8	8	8	9	9	10	10	10	10	10	10	10	10	10	10	10

If you do not have to file returns in the future, check here ▶  and enter date final payments paid ▶ \_\_\_\_\_

1	Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc. . . . .	1		
2	Backup withholding . . . . .	2		
3	<b>Total taxes</b> (add lines 1 and 2). This must equal line 7M below or line M of Form 945-A . . . . .	3		
4	Total deposits for 1994 from your records . . . . .	4		
5	<b>Balance due</b> (subtract line 4 from line 3). Pay to the Internal Revenue Service (See instructions.)	5		

6 **Overpayment**, if line 3 is less than line 4, enter overpayment here ▶ \$ \_\_\_\_\_ and check if to be:

Applied to next return **OR**  Refunded

- **All filers:** If line 3 is less than \$500, you need not complete line 7 or Form 945-A.
- **Semiweekly depositors:** Complete Form 945-A and check here . . . . . ▶
- **Monthly depositors:** Complete line 7, entries **A** through **M** and check here . . . . . ▶

7 Monthly Summary of Federal Tax Liability								
	Tax liability for month			Tax liability for month			Tax liability for month	
A	January . . . . .		F	June . . . . .		K	November . . . . .	
B	February . . . . .		G	July . . . . .		L	December . . . . .	
C	March . . . . .		H	August . . . . .		M	Total liability for year (add lines A through L). . . . .	
D	April . . . . .		I	September . . . . .				
E	May . . . . .		J	October . . . . .				

**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.

Signature ▶ \_\_\_\_\_ Print Your Name and Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

