

October 4, 2020

Tax Year 2021  
941-SS ATS Scenario 4  
Baba Rose  
Azalea Accounting Services  
00-3999999

Forms Included in Scenario 4

- . Form 941-SS
- . Form 941 Schedule B

The return is for Sole Proprietor with no balance due or overpayment. This return uses the Practitioner Pin Signature method.

These is the most current Forms available.

Form **941-SS for 2021:** **Employer's QUARTERLY Federal Tax Return**

(Rev. January 2021) American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) **00-399999**

Name (not your trade name) **Baba Rose**

Trade name (if any) **Azalea Accounting Services**

Address **674 9th Street**  
 Number Street Suite or room number  
**Guam** **GQ** **96912-9691**  
 City State ZIP code  
 Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2021**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941SS](http://www.irs.gov/Form941SS) for instructions and the latest information.

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

**2**

**3**

**4** If no wages, tips, and other compensation are subject to social security or Medicare tax  Check and go to line 6.

	Column 1		Column 2
<b>5a</b> Taxable social security wages	132,000.00	× 0.124 =	
<b>5a (i)</b> <del>Reserved for future use</del> <b>Qualified sick leave wages</b>		× 0.062 =	
<b>5a (ii)</b> <del>Reserved for future use</del> <b>Qualified family leave wages</b>		× 0.062 =	
<b>5b</b> Taxable social security tips		× 0.124 =	
<b>5c</b> Taxable Medicare wages & tips	132,000.00	× 0.029 =	
<b>5d</b> Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	
<b>5e</b> Total social security and Medicare taxes. Add column 2 from lines 5a, <del>5b</del> , 5c, and 5d			
<b>5f</b> Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			2,265.00
<b>6</b> Total taxes before adjustments. Add lines 5e and 5f			
<b>7</b> Current quarter's adjustment for fractions of cents			
<b>8</b> Current quarter's adjustment for sick pay			-500.00
<b>9</b> Current quarter's adjustments for tips and group-term life insurance			-1,000.00
<b>10</b> Total taxes after adjustments. Combine lines 6 through 9			
<b>11a</b> <del>Qualified small business payroll tax credit for increasing research activities. Attach Form 8974</del> <b>Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1</b>			
<b>11b</b> <del>Reserved for future use</del>			
<b>11c</b> Reserved for future use			

**5a(i), 5a(ii),**

**Remove shading from lines 5a(i) 5a(ii) columns 1 and 2.**

**Remove shading from 11b**

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

Next ▶

Remove shading from 11d

Name (not your trade name)

Baba Rose

Employer identification number (EIN)

00-3999999

Part 1: Answer these questions for this quarter. (continued)

Total nonrefundable credits. Add lines 11a and 11b

11d	Reserved for future use	11d	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11a from line 10	12	
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 944-X, or 944-X (SP) filed in the current quarter	13a	
13b	Reserved for future use	13b	
13c	Reserved for future use	13c	
13d	Reserved for future use	13d	
13e	Reserved for future use	13e	
13f	Reserved for future use	13f	
13g	Total deposits and refundable credits. Add lines 13a and 13c	13g	
14	Balance due. If line 12 is more than line 13a, enter the difference and see instructions	14	
15	Overpayment. If line 13a is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 8 of Pub. 80.

16 Check one: [ ] Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter.

[ ] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:

Month 1	
Month 2	
Month 3	
Total liability for quarter	

Total must equal line 12.

[X] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941-SS. Go to Part 3.

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

Next

Name (not your trade name) Baba Rose	Employer identification number (EIN) 00-3999999
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**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 . . . . .  Check here, and enter the final date you paid wages  /  /  ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . .  Check here.

19 **Qualified health plan expenses allocable to qualified sick leave wages** 19   
~~Reserved for future use~~

20 **Qualified health plan expenses allocable to qualified family leave wages** 20   
~~Reserved for future use~~

21 Reserved for future use . . . . . 21

22 Reserved for future use . . . . . 22

23 **Credit from Form 5884-C, line 11, for this quarter** 23   
~~Reserved for future use~~

24 Reserved for future use . . . . . 24

25 Reserved for future use . . . . . 25

**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 all three pages of Form 941-SS 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

Date  /  /

Print your name here

Print your title here

Best daytime phone

**Paid Preparer Use Only**

Check if you're self-employed . . . . .

Preparer's name <input style="width:430px;" type="text"/>	PTIN <input style="width:180px;" type="text"/>
Preparer's signature <input style="width:430px;" type="text"/>	Date <input style="width:120px;" type="text"/> / <input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/>
Firm's name (or yours if self-employed) <input style="width:430px;" type="text"/>	EIN <input style="width:180px;" type="text"/>
Address <input style="width:430px;" type="text"/>	Phone <input style="width:180px;" type="text"/>
City <input style="width:290px;" type="text"/> State <input style="width:50px;" type="text"/>	ZIP code <input style="width:180px;" type="text"/>

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 0 0 - 3 9 9 9 9 9 9

Name (not your trade name) Baba Rose

Calendar year 2 0 2 1 (Also check quarter)

**Report for this Quarter...**  
(Check one.)

**1:** January, February, March

**2:** April, May, June

**3:** July, August, September

**4:** October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

1	1,746 . 68	9	.
2	.	10	.
3	.	11	.
4	.	12	.
5	.	13	.
6	1,746 . 68	14	.
7	.	15	1,746 . 68
8	.	16	.
		17	.
		18	.
		19	.
		20	.
		21	.
		22	1,746 . 69
		23	.
		24	.
		25	.
		26	.
		27	.
		28	.
		29	.
		30	.
		31	.

Tax liability for Month 1

6,986 . 73

**Month 2**

1	.	9	1,746 . 69
2	1,746 . 68	10	.
3	.	11	.
4	.	12	.
5	.	13	.
6	.	14	.
7	.	15	.
8	.	16	1,746 . 68
		17	.
		18	.
		19	.
		20	.
		21	.
		22	1,746 . 69
		23	.
		24	.
		25	.
		26	.
		27	.
		28	.
		29	.
		30	.
		31	.

Tax liability for Month 2

6,986 . 74

**Month 3**

1	1,746 . 68	9	1,746 . 69
2	.	10	.
3	.	11	.
4	.	12	.
5	.	13	.
6	.	14	.
7	.	15	.
8	.	16	1,746 . 68
		17	.
		18	.
		19	.
		20	.
		21	.
		22	1,747 . 48
		23	.
		24	.
		25	.
		26	.
		27	.
		28	.
		29	.
		30	.
		31	.

Tax liability for Month 3

.

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

**Total must equal line 12 on Form 941 or Form 941-SS.**

Tax liability for the quarter

20,961 . 00