951121

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

		ne Treasury — Internal Reve			4111	OMB No. 1545-0029
Emplo	yer identification number (EIN)				_	ort for this Quarter of 2021 k one.)
Nam	e (not your trade name)				1:	January, February, March
Trad	name (if any)				2: .	April, May, June
mau	riame (ii arry)				3: ·	July, August, September
Addr	SS Number Street Suite or room number				4:	October, November, December
	Number Street		Outle of Toom Tile			www.irs.gov/Form941 for tions and the latest information.
	City	State	ZIP code			
	Foreign country name	Foreign province/county	Foreign postal	code		
	ne separate instructions before you comp	• • • • • • • • • • • • • • • • • • • •	r print within the	boxes.		
Part '						
1	Number of employees who received w including: June 12 (Quarter 2), Sept. 12		-	the pay period		
	,, , , , , , , , , , , , , , , , ,	<b>(</b>	(		- Г	
2	Wages, tips, and other compensation				2	
3	Federal income tax withheld from wag	ges, tips, and other co	mpensation .		3	•
4	If no wages, tips, and other compensa	ation are subject to sc	ocial security or	Medicare tax		Check and go to line 6.
		Column 1	<b>,</b>	Column 2		
5a	Taxable social security wages*		× 0.124 =		ı	*Include taxable qualified sick and family leave wages for leave taken
5a	(i) Qualified sick leave wages* .		× 0.062 =		ı	after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) <b>only</b> for wages
5a	(ii) Qualified family leave wages* .		× 0.062 =		ı	paid after March 31, 2020, for leave taken before April 1, 2021.
5b	Taxable social security tips		× 0.124 =		ı	
5с	Taxable Medicare wages & tips	. •	× 0.029 =		ı	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	-	× 0.009 =			
	Additional Medicale Tax withholding		^ 0.000 =			
5e	Total social security and Medicare taxes	. Add Column 2 from line	es 5a, 5a(i), 5a(ii),	5b, 5c, and 5d	5e	
5f	Section 3121(q) Notice and Demand—	Tax due on unreporte	ed tips (see instru	uctions)	5f	
6	Total taxes before adjustments. Add li	nes 3, 5e, and 5f			6	
-	Current quarter's adjustment for fract				-	
7					-	•
8	Current quarter's adjustment for sick	pay			8	•
9	Current quarter's adjustments for tips	and group-term life i	nsurance		9	
10	Total taxes after adjustments. Combin	e lines 6 through 9 .			10	_
11a	Qualified small business payroll tax cred	dit for increasing resea	rch activities. At	tach Form 8974	11a	
11b	Nonrefundable portion of credit for que before April 1, 2021	ualified sick and famil	y leave wages t	for leave taker		
11c	Nonrefundable portion of employee re	etention credit			11c	

Name (	(not your trade name)	Employer identification number (Elf	4)
Part	1: Answer these questions for this quarter. (continued)		
11d	Nonrefundable portion of credit for qualified sick and family leafter March 31, 2021		
11e	Nonrefundable portion of COBRA premium assistance credit (sapplicable quarters)		
11f	Number of individuals provided COBRA premium assistance		
11g	Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 1	1e	
12	Total taxes after adjustments and nonrefundable credits. Subtr	ract line 11g from line 10 . 12	
13a	Total deposits for this quarter, including overpayment applied overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (S		
13b	Reserved for future use	13b	•
13c	Refundable portion of credit for qualified sick and family leadefore April 1, 2021	_	
13d	Refundable portion of employee retention credit	13d	
13e	Refundable portion of credit for qualified sick and family leastfer March 31, 2021		
13f	Refundable portion of COBRA premium assistance credit (see quarters)		
13g	Total deposits and refundable credits. Add lines 13a, 13c, 13d,	13e, and 13f <b>13g</b>	
13h	Total advances received from filing Form(s) 7200 for the quarte	er 13h	•
13i	Total deposits and refundable credits less advances. Subtract line	13h from line 13g <b>13i</b>	•
14	Balance due. If line 12 is more than line 13i, enter the difference at	nd see instructions 14	
15	Overpayment. If line 13i is more than line 12, enter the difference	■ Check one: Apply to next return.	Send a refund
Part	2: Tell us about your deposit schedule and tax liability for	this quarter.	
lf you	're unsure about whether you're a monthly schedule depositor o	r a semiweekly schedule depositor, see section 1	1 of Pub. 15.
16 (	and you didn't incur a \$100,000 next-day depo	ne 12 on the return for the prior quarter was less posit obligation during the current quarter. If line 12 is return is \$100,000 or more, you must provide a rele depositor, complete the deposit schedule below B (Form 941). Go to Part 3.	2 for the prior ecord of your
	You were a monthly schedule depositor for the liability for the quarter, then go to Part 3.	e entire quarter. Enter your tax liability for each mo	onth and total
	Tax liability: Month 1	•	
	Month 2	•	
	Month 3	•	
	Total liability for quarter	Total must equal line 12.	
	_	or any part of this quarter. Complete Schedule B (F Depositors, and attach it to Form 941. Go to Part 3.	orm 941),

Name (n	ot your trade name			Employer identification number (EIN)			
Part 3	Tell us ab	ut your business. If a question does	NOT apply to your busine	ss. leave it blank.			
17		has closed or you stopped paying w					
	enter the final o	nter the final date you paid wages / / ; also attach a statement to your return. See instructions.					
18a	If you're a sea	onal employer and you don't have to f	ile a return for every quarter	of the year Check here.			
18b	If you're eligible	for the employee retention credit solely b	ecause your business is a reco	overy startup business			
19	Qualified health	an expenses allocable to qualified sick leave	wages for leave taken before Apr	il 1, 2021 19 <b>-</b>			
20	Qualified health p	an expenses allocable to qualified family leave	e wages for leave taken before Ap	ril 1, 2021 20			
21	Qualified wage	for the employee retention credit .	21				
22	Qualified healt	plan expenses for the employee rete	ntion credit	22			
23	Qualified sick	eave wages for leave taken after Marc	h 31, 2021	23			
24	Qualified healt	plan expenses allocable to qualified s	sick leave wages reported or	n line 23 24 -			
25	Amounts under certain collectively bargained agreements allocable to qualified leave wages reported on line 23			ied sick 25 ■			
26	Qualified family leave wages for leave taken after March 31, 2021			26			
27		plan expenses allocable to qualified fa		n line 26 27			
28		certain collectively bargained agree					
	leave wages re	ported on line 26		28			
Part 4		eak with your third-party designee?		Live In the IDOO Continue In the Inches			
	for details.	illow an employee, a paid tax preparer, (	or another person to discuss t	his return with the IRS? See the instructions			
	Yes. Desig	ee's name and phone number					
	Selec	a 5-digit personal identification number	e IRS.				
	☐ No.						
Part 5		You MUST complete all three pages					
				and statements, and to the best of my knowledge nformation of which preparer has any knowledge.			
•				nt your			
Sign y name		Sign your		me here			
		ere		nt your e here			
Date / / Best daytime phone							
			Check if you're 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			

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# Form 941-V, Payment Voucher

### **Purpose of Form**

Complete Form 941-V if you're making a payment with Form 941. 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**

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

- Your total taxes after adjustments and nonrefundable credits (Form 941, 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 quarter, 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 11 of Pub. 15 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 11 of Pub. 15 for deposit instructions. Don't use Form 941-V to make federal tax deposits.



Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should've been deposited, you

may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15.

#### **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 <a href="www.irs.gov/EIN">www.irs.gov/EIN</a>. 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, write "Applied For" and the date you applied in this entry space.

**Box 2—Amount paid.** Enter the amount paid with Form 941.

**Box 3—Tax period.** Darken the circle identifying the quarter 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.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period ("1st Quarter 2021," "2nd Quarter 2021," "3rd Quarter 2021," or "4th Quarter 2021") on your check or money order. Don't send cash. Don't staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

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

<u>~~</u>	<u>-</u>	Jetach Hei	e and Mail With Your Payment and Form 941. 🔻 🛶				
<b>E 941-V</b> Department of the Treasury Internal Revenue Service ► D		•	Payment Voucher  Don't staple this voucher or your payment to Form 941.		OMB No. 1545-0029		
Enter your employ number (EIN).	er identificatio	on	Enter the amount of your payment. ►  Make your check or money order payable to "United States Treasury"	Dollars		Cents	
3 Tax Period			4 Enter your business name (individual name if sole proprietor).				
1st Quarter		3rd Quarter	Enter your address.				
2nd Quarter		4th Quarter	Enter your city, state, and ZIP code; or your city, foreign country name,	, foreign province/cour	nty, and foreign	postal code.	

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

We ask for the information on Form 941 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 is used to determine the amount of 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 will vary depending on individual circumstances. The estimated average time is:

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 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 to this address. Instead, see Where Should You File? in the Instructions for Form 941.