## Schedule B (Form 941):

(Rev. January			y for Semiweekly  Department of the		sury — Internal Revenue Se		e	port for this Quarter
Employer ide (EIN)	entification numbe	r						port for this Quarter eck one.)
Name (not vo	our trade name)							1: January, February, March
Name (not yo	our trade name)			7				2: April, May, June
Calendar year				(Also c	heck	quarter)	3: July, August, September	
								4: October, November, December
Form 941-8 Form 941 c	SS, don't change or Form 941-SS or more. Write y	e yo	our tax liability by adjus ou're a semiweekly sc	tme hed	nts reported on any Fo ıle depositor or becam	rms ne o	s 941-X or 944-X. You one because your acc	n you file this form with Form 941 must fill out this form and attach it umulated tax liability on any day w wages were paid. See Section 11
Month 1				1		1		Tax liability for Month 1
1		9	•	17	•	25	•	Tax liability for Month 1
2		10	•	18	•	26	•	<u>-</u>
3		11	•	19		27	•	_
4		12		20	•	28		
5	•	13		21	•	29		
6		14		22		30		
7		15		23	•	31		
8		16		24				
Month 2	,			1		1		7
1		9		17	•	25		Tax liability for Month 2
2	•	10		18	•	26		<u> </u>
3	•	11	-	19	•	27	-	
4		12	•	20	•	28		
5	•	13		21	•	29	•	
6	•	14	•	22	•	30		
7		15		23		31		
8	•	16		24				
Month 3				-				
1		9		17	•	25		Tax liability for Month 3
2		10		18		26		<u>.</u>
3	•	11	•	19	•	27		
4	•	12	•	20	•	28	•	
5		13	-	21		29	•	
6		14		22		30		
				]				
7		15	•	23	•	31		

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