950122

0/11 for 2022: Employer's OHARTERLY Federal Tax Return

		Treasury — Internal Revenu			•••	OMB No. 1545-0029		
Emplo	over identification number (EIN)				Repor (Check	t for this Quarter of 2022 one.)		
Nam	e (not your trade name)				<b>1:</b> J	anuary, February, March		
Trade	e name (if any)			$\neg \mid \ \mid$ [	<b>2:</b> A	pril, May, June		
				<u> </u>	<b>3:</b> J	uly, August, September		
Addr	Number Street		Suite or room numb	er L	4: October, November, December			
						ww.irs.gov/Form941 for ons and the latest information.		
	City	State	ZIP code					
	Foreign country name	Foreign province/county	Foreign postal coo					
Read t	he separate instructions before you complete Answer these questions for this q		orint within the bo	xes.				
1	Number of employees who received was		npensation for the	e pay period				
	including: June 12 (Quarter 2), Sept. 12 (Q	Quarter 3), or Dec. 12 (	Quarter 4)		1			
2	Wages, tips, and other compensation				2			
_								
3	Federal income tax withheld from wage	s, tips, and other con	npensation		3 _			
4	If no wages, tips, and other compensati	on are subject to soc Column 1	ial security or Mo	edicare tax Column 2		Check and go to line 6.		
5a	Taxable social security wages*		× 0.124 =			*Include taxable qualified sick and family leave wages paid in this		
5a	(i) Qualified sick leave wages* .		× 0.062 =			quarter of 2022 for leave taken after March 31, 2021, and before		
5a	(ii) Qualified family leave wages* .	;	× 0.062 =	:		October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) <b>only</b> for taxable		
5b	Taxable social security tips	:	× 0.124 =			qualified sick and family leave wages paid in this quarter of 2022 for leave taken after March 31,		
5c	Taxable Medicare wages & tips		× 0.029 =			2020, and before April 1, 2021.		
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =					
5e	Total social security and Medicare taxes.	Add Column 2 from lines	s 5a, 5a(i), 5a(ii), 5b	, 5c, and 5d	5e			
5f	Section 3121(q) Notice and Demand—To	ax due on unreported	tips (see instruct	ions)	5f	•		
6	Total taxes before adjustments. Add line	es 3, 5e, and 5f			6			
7	Current quarter's adjustment for fraction	ns of cents			7			
8	Current quarter's adjustment for sick pa	ау			8	•		
9	Current quarter's adjustments for tips a	and group-term life in	surance		9			
10	Total taxes after adjustments. Combine	lines 6 through 9 .			10			
11a	Qualified small business payroll tax credit	for increasing research	ch activities. Attac	h Form 8974	11a			
11b	Nonrefundable portion of credit for quabefore April 1, 2021	lified sick and family	•	leave taken	11b			
11c	Reserved for future use				11c			

Name (	(not your trade name)	Employer	er identification number (EIN)	
			_	
Part	1: Answer these questions for this quarter. (continued)			
11d	Nonrefundable portion of credit for qualified sick and family leave wages for lea after March 31, 2021, and before October 1, 2021		11d -	
11e	Reserved for future use		11e •	
11f	Reserved for future use			
11g	Total nonrefundable credits. Add lines 11a, 11b, and 11d		11g •	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line	ne 10 .	12 •	
13a	Total deposits for this quarter, including overpayment applied from a prior quarter overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current		13a <b>-</b>	_
13b	Reserved for future use		13b •	
13c	Refundable portion of credit for qualified sick and family leave wages for leabefore April 1, 2021		13c -	
13d	Reserved for future use		13d •	
13e	Refundable portion of credit for qualified sick and family leave wages for lea after March 31, 2021, and before October 1, 2021		13e <u> </u>	_
13f	Reserved for future use		13f	
13g	Total deposits and refundable credits. Add lines 13a, 13c, and 13e		13g •	
13h	Reserved for future use		13h •	
13i	Reserved for future use		13i -	
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	s	14 .	
15	Overpayment. If line 13g is more than line 12, enter the difference	Check or	one: Apply to next return. Send a refu	ınd.
Part	2: Tell us about your deposit schedule and tax liability for this quarter.			
	r're unsure about whether you're a monthly schedule depositor or a semiweekly sc	chedule de	epositor, see section 11 of Pub. 15	
16 (	Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return and you didn't incur a \$100,000 next-day deposit obligation durn quarter was less than \$2,500 but line 12 on this return is \$100,000 federal tax liability. If you're a monthly schedule depositor, comparison semiweekly schedule depositor, attach Schedule B (Form 941). Go to	r <b>ing the cu</b> 10 or more, plete the d	urrent quarter. If line 12 for the price, you must provide a record of you	r ir
	You were a monthly schedule depositor for the entire quarter. I liability for the quarter, then go to Part 3.	Enter your t	tax liability for each month and total	al
	Tax liability: Month 1			
	Month 2			
	Month 3			
	Total liability for quarter   Total	must equa	al line 12.	
	You were a semiweekly schedule depositor for any part of this  Report of Tax Liability for Semiweekly Schedule Depositors, and atta	-	•	

Name (	not your trade name	9)						Employe	r identificati	on number (EIN)	
Part 3	3: Tell us ab	out you	ır business.	If a question	n does NOT	apply to y	our busi	ness, leave	it blank.		
17	If your busines	ss has o	closed or you	stopped pa	ying wages					Check here, a	ınd
	enter the final of	date you	ı paid wages	/ /	; a	lso attach a	statemen	t to your retu	ırn. See ins	tructions.	
18	If you're a sea	isonal e	mployer and	you don't ha	ave to file a	return for e	very quar	ter of the ye	ear	Check here.	
19	Qualified health	plan exp	enses allocable	to qualified sid	k leave wage:	s for leave tak	en before	April 1, 2021	19		•
20	Qualified health	plan expe	enses allocable	April 1, 2021	20		•				
21	Reserved for t	future u	se		21		•				
22	Reserved for future use								22		-
23	Qualified sick leave wages for leave taken after March 31, 2021, and before October								23		•
24	Qualified healt	th plan	expenses allo	cable to qua	alified sick le	eave wages	reported	on line 23	24		•
25	Amounts und leave wages r			ely bargaine	d agreeme	nts allocab	le to qua	alified sick	25		
26	Qualified family	y leave	wages for leav	ve taken afte	r March 31, 2	2021, and be	fore Octo	ber 1, 2021	26		
27	Qualified healt	th plan e	expenses allo	cable to qual	ified family I	eave wages	reported	on line 26	27		
28	Amounts und			ly bargained	d agreemen	ts allocable	to quali	fied family	28		
		-						· · · ·	20		
Part 4		-	rith your third in employee, a			ther persor	to discus	s this return	with the IF	S? See the instruction	 1S
	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			UST comple							the beat of my line and	
										o the best of my knowled eparer has any knowled	
•	<b>2</b> 0:							Print your name here			
	Sign y name							Print your			
	• name	11010						title here			
		Date	/ /					Best daytime	e phone		
Pa	aid Preparer I	Use Oı	าly					Check if yo	ou're self-e	mployed	
Prep	arer's name							PTIN			
Prep	arer's signature							Date		/ /	
Firm'	's name (or yours										
if self	f-employed)							] EIN			
Addı	ress							Phone			
City						State		ZIP cod	de		

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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="https://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 2022," "2nd Quarter 2022," "3rd Quarter 2022," or "4th Quarter 2022") 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.

<b>~</b>	▼ D	etach Her	<u>e</u>	and Mail With Your Payment and For	m 941. ▼		<del>-                                    </del>
<b>941-V</b> ∣				Payment Voucher	OMB No. 1545-0029		
			Oon	't staple this voucher or your payment to Form 941.	2022		
1 Enter your employed number (EIN).	er identification		2	Enter the amount of your payment. ►  Make your check or money order payable to "United States Treasury"	Dollars	3	Cents
3 Tax Period			4	Enter your business name (individual name if sole proprietor).	=		
1st Quarter		3rd Quarter		Enter your address.			
2nd		4th		Enter your city, state, and ZIP code; or your city, foreign country name	e, 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.