

Name	Employer Identification Number
Number, street, and room or suite no.	Telephone number (optional)
City or town, state, and ZIP code	This form supports adjustments to: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 940

Section I. Form 1042, Withholding Tax

Line No.	Period ending	Tax liability for period (including any taxes assumed on Form(s) 1000)	Line No.	Period ending	Tax liability for period (including any taxes assumed on Form(s) 1000)	Line No.	Period ending	Tax liability for period (including any taxes assumed on Form(s) 1000)
1	Jan.	7	21	May	7	41	Sept.	7
2		15	22		15	42		15
3		22	23		22	43		22
4		31	24		31	44		30
5	Jan. total		25	May total		45	Sept. total	
6	Feb.	7	26	June	7	46	Oct.	7
7		15	27		15	47		15
8		22	28		22	48		22
9		28	29		30	49		31
10	Feb. total		30	June total		50	Oct. total	
11	March	7	31	July	7	51	Nov.	7
12		15	32		15	52		15
13		22	33		22	53		22
14		31	34		31	54		31
15	Mar. total		35	July total		55	Nov. total	
16	April	7	36	August	7	56	Dec	7
17		15	37		15	57		15
18		22	38		22	58		22
19		30	39		31	59		31
20	Apr. total		40	Aug. total		60	Dec. total	
61 Total liability for year (add monthly total lines from above)								61

Section II. Form 940, Unemployment Tax

Quarter	Liability for Quarter (Do not include state liability)
First _____	_____
Second _____	_____
Third _____	_____
Fourth _____	_____
Total _____	_____

Under penalties of perjury, I declare that I have examined the above liability schedule, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature	Title	Date
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