Form **941-SS** for **2013**:

Employer's QUARTERLY Federal Tax Return

(Rev. January 2013)

Department of the Treasury – Internal Revenue Service

American Samoa, Guam, the Commonwealth of the Northern
Mariana Islands, and the U.S. Virgin Islands

OMB No. 1545-0029

Report for this Quarter of 2013											
Emplo	oyer identification number (EIN)		(Check one.)								
Name	e (not your trade name)		1: January, February, March								
Trade	e name (if any)		: April, May, June								
			: July, August, September								
Addr	Number Street	umber 4	: October, November, December								
					tions and prior year forms are available v.irs.gov/form941ss.						
	City	Sta	ate ZIP code								
Read the separate instructions before you complete Form 941-SS. Type or print within the boxes. Part 1: Answer these questions for this quarter.											
			componentian fo	v the new period							
1	Number of employees who receincluding: <i>Mar. 12</i> (Quarter 1), <i>Ju</i>	•	•	• • •	1						
2											
3											
4	If no wages, tips, and other com	pensation are subject to s	ocial security or	Medicare tax	Check and go to line 6.						
		Column 1	, —	Column 2	7						
5a	Taxable social security wages		× .124 =	-							
5b	Taxable social security tips	•	× .124 =	-							
5c	Taxable Medicare wages & tips		× .029 =								
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× .009 =]						
5e	Add Column 2 from lines 5a, 5b,	5c, and 5d			5e <u> </u>						
5f	Section 3121(q) Notice and Dema	and—Tax due on unreport	t ed tips (see instru	uctions)	5f •						
6	Total taxes before adjustments (add lines 5e and 5f)			6						
7	Current quarter's adjustment for	fractions of cents			7						
8	Current quarter's adjustment for	sick pay			8 •						
9	Current quarter's adjustments for	r tips and group-term life	insurance		9						
10	Total taxes after adjustments. Co	ombine lines 6 through 9			10						
11	Total deposits for this quarter, in overpayment applied from Form		-	=	11						
12a	COBRA premium assistance pay	ments (see instructions)			12a •						
12b	Number of individuals provided 0	OBRA premium assistan	ce								
13	Add lines 11 and 12a				13						
14	Balance due. If line 10 is more that	n line 13, enter difference a	ınd see instruction	ns	14 •						
15	Overpayment. If line 13 is more than lin	e 10, enter difference		Check one:	Apply to next return. Send a refund.						
	► You MUST complete both pag	es of Form 941-SS and Sl	GN it.		Next ■ ▶						

Name (not your trade nam	e)	Employer identification number (EIN)								
Part 2: Tell us ab	out your deposit schedule and tax liability for this quarter.									
If you are unsure a (Circular SS), section	bout whether you are a monthly schedule depositor or a semiweek	kly schedule depositor, see Pub. 80								
16 Check one:	Line 10 on this return is less than \$2,500 or line 10 on the return and you did not incur a \$100,000 next-day deposit obligation of quarter was less than \$2,500 but line 10 on this return is \$100,000 federal tax liability. If you are a monthly schedule depositor, composemiweekly schedule depositor, attach Schedule B (Form 941). Get You were a monthly schedule depositor for the entire quarter	during the current quarter. If line 10 for the prior 0 or more, you must provide a record of your plete the deposit schedule below; if you are a to to Part 3.								
	each month and total liability for the quarter, then go to Part 3.	,								
	Tax liability: Month 1									
	Month 2 Month 3									
		Fotal must equal line 10								
[Total liability for quarter Total must equal line 10. 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.									
Part 3: Tell us ab	out your business. If a question does NOT apply to your busine									
	ss has closed or you stopped paying wages									
enter the final	date you paid wages .	_								
18 If you are a s	easonal employer and you do not have to file a return for every qua	arter of the year Check here.								
Part 4: May we sp	peak with your third-party designee?									
Do you war instructions	nt to allow an employee, a paid tax preparer, or another person to of for details.	discuss this return with the IRS? See the								
Yes.	Designee's name and phone number									
No.	Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS. No.									
Part 5: Sign here.	You MUST complete both pages of Form 941-SS and SIGN it.									
	ury, I declare that I have examined this return, including accompanying schedule rrect, and complete. Declaration of preparer (other than taxpayer) is based on al	I information of which preparer has any knowledge.								
Sign ye	our r	Print your name here								
name		Print your itle here								
	Date E	Best daytime phone								
Paid Preparer l	Jse Only	Check if you are self-employed								
Preparer's name		PTIN								
Preparer's signature		Date								
Firm's name (or yours if self-employed)		EIN								
Address		Phone								

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City

State

ZIP code

Form 941-V(SS), Payment Voucher

Purpose of Form

Complete Form 941-V(SS), Payment Voucher, if you are making a payment with Form 941-SS, Employer's QUARTERLY Federal Tax Return. 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-SS

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

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941-SS, line 10) are less than \$2,500, you did not incur a \$100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 8 of Pub. 80 (Circular SS), Federal Tax Guide for Employers in the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, 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 8 of Pub. 80 (Circular SS) for deposit instructions. Do not use Form 941-V(SS) to make federal tax deposits.

Caution. Use Form 941-V(SS) when making any payment with Form 941-SS. However, if you pay an amount with Form 941-SS that should have been deposited, you may be subject to a penalty. See Deposit Penalties in section 8 of Pub. 80 (Circular SS).

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and click on the *Apply for an EIN Online* link under "Tools." You may also apply for an EIN by calling 1-800-829-4933, or you can fax or mail Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 941-SS, write "Applied For" and the date you applied in this entry space.

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

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-SS.

- Enclose your check or money order payable to the "United States Treasury." Be sure to enter your EIN, "Form 941-SS," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V(SS) or your payment to Form 941-SS (or to each other).
- Detach Form 941-V(SS) and send it with your payment and Form 941-SS to the address in the Instructions for Form 941-SS.

Note. You must also complete the entity information above Part 1 on Form 941-SS.

E 941-V(S) Department of the Treasur Internal Revenue Service	- I	Payment Voucher To not staple this voucher or your payment to Form 941-SS.	OMB No. 1545-0029		
Enter your employer in number (EIN).	dentification	Enter the amount of your payment. ► Make your check or money order payable to "United States Treasury"			
3 Tax period 1st Quarter	3rd Quarter	Enter your business name (individual name if sole proprietor). Enter your address.			
2nd Quarter	4th Quarter	Enter your city, state, and ZIP code.			

▼ Detach Here and Mail With Your Payment and Form 941-SS. ▼

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on Form 941-SS 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-SS is used to determine the amount of the 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 are 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 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-SS 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-SS simpler, we would be happy to hear from you. You can email us at *taxforms@irs.gov*. Enter "Form 941-SS" on the subject line. Or write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941-SS to this address. Instead, see *Where Should You File?* in the Instructions for Form 941-SS.