950120

Form **941 for 2020:** Employer's QUARTERLY Federal Tax Return

(Rev. Jul	y 2020) Department of t	he Treasury — Internal Rever	ue Service			OMB No. 1545-0029	
Employ	ver identification number (EIN)				Repo (Check	rt for this Quarter of 2020 cone.)	
Name (not your trade name)					1: January, February, March		
Trade name (if any)					2: A	April, May, June	
					3: 0	July, August, September	
Addre	Number Street Suite or room number			n number	_	October, November, December	
						ww.irs.gov/Form941 for iions and the latest information.	
	City	State	ZIP co	ode			
	Foreign country name	Foreign province/county	Foreign pos	stal code			
	ne separate instructions before you com	• • • • • • • • • • • • • • • • • • • •	print within th	ne boxes.			
Part 1		-					
	Number of employees who received period including: Sept. 12 (Quarter 3)	• , . ,	•	ition for the pay	′ ₁ [
2	Wages, tips, and other compensation				2		
3	Federal income tax withheld from wa	ges, tips, and other co	mpensation		3	•	
4	If no wages, tips, and other compens	ation are subject to so	cial security	or Medicare tax		Check and go to line 6.	
•	n no magos, apo, ana canor compone	Column 1	olai oodaliiy	Column 2	_		
5a	Taxable social security wages	•	× 0.124 =		ı		
5a	(i) Qualified sick leave wages	•] × 0.062 = [ı		
5a	(ii) Qualified family leave wages .	-	× 0.062 =		1		
5b	Taxable social security tips	•	× 0.124 =				
5с	Taxable Medicare wages & tips		× 0.029 =		ı		
	Taxable wages & tips subject to Additional Medicare Tax withholding	•	× 0.009 =	-	ı		
	_	A.I.I.O.I. O.I. II		"\ 5\ 5 \ \ 15\ \			
5e	Total social security and Medicare taxe	s. Add Column 2 from line	s 5a, 5a(I), 5a(ii), 5b, 5c, and 5d	5e _		
5f	Section 3121(q) Notice and Demand-	-Tax due on unreporte	d tips (see ins	structions)	5f		
6	Total taxes before adjustments. Add	ines 3, 5e, and 5f			6		
7	Current quarter's adjustment for frac	tions of cents			7		
8	Current quarter's adjustment for sick	nav			8		
					Г		
9	Current quarter's adjustments for tip	s and group-term life ir	surance .		9 _	•	
10	Total taxes after adjustments. Combin	ne lines 6 through 9 .			10	•	
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 89				11a		
11b	Nonrefundable portion of credit for qu	alified sick and family le	eave wages fr	rom Worksheet 1	11b	•	
11c	Nonrefundable portion of employee r	etention credit from W	orksheet 1		11c	•	
					_		

Name (not your trade name)		Employer identification number (EIN)			
Part	Answer these questions for this qu	arter. (continued)				
11d	Total nonrefundable credits. Add lines 11	a, 11b, and 11c	11d			
12	Total taxes after adjustments and nonref	rundable credits. Subtract line 11d from lin	e 10 . 12			
13a		sits for this quarter, including overpayment applied from a prior quarter and ts applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter				
13b	Deferred amount of social security tax	erred amount of social security tax				
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c					
13d	Refundable portion of employee retention	13d				
13e	Total deposits, deferrals, and refundable	13e				
13f	Total advances received from filing Form	13f				
13g	Total deposits, deferrals, and refundable cr	edits less advances. Subtract line 13f from line	ne 13e . 13g -			
14	Balance due. If line 12 is more than line 13	g, enter the difference and see instructions	14			
15	Overpayment. If line 13g is more than line 12,	enter the difference	Check one: Apply to next return. Send a refund			
Part :	Tell us about your deposit schedule	e and tax liability for this quarter.				
lf you'	re unsure about whether you're a monthly	schedule depositor or a semiweekly sch	nedule depositor, see section 11 of Pub. 15.			
16 (and you didn't incur a \$ quarter was less than \$2, federal tax liability. If you semiweekly schedule depo	100,000 next-day deposit obligation during 500 but line 12 on this return is \$100,000 are a monthly schedule depositor, compositor, attach Schedule B (Form 941). Go to edule depositor for the entire quarter.	for the prior quarter was less than \$2,500, ng the current quarter. If line 12 for the prior or more, you must provide a record of your lete the deposit schedule below; if you're a Part 3. Inter your tax liability for each month and total			
	Tax liability: Month 1	•				
	Month 2	•				
	Month 3					
	Total liability for quarter	■ Total r	nust equal line 12.			
		schedule depositor for any part of this of Semiweekly Schedule Depositors, and attack				

Name (not your trade name)	Employer identification number (EIN)					
Part :	3: Tell us about your business. If a question does NOT apply to your business.	ess, leave it blank.					
17							
	enter the final date you paid wages / / j; also attach a statement to your return. See instructions.						
18	If you're a seasonal employer and you don't have to file a return for every quarte	r of the year					
19	Qualified health plan expenses allocable to qualified sick leave wages	19					
20	Qualified health plan expenses allocable to qualified family leave wages	20					
21	Qualified wages for the employee retention credit	21					
22	Qualified health plan expenses allocable to wages reported on line 21						
23	Credit from Form 5884-C, line 11, for this quarter	23					
24	Deferred amount of the employee share of social security tax included on line 13	b 24 -					
25	Reserved for future use	25					
Part 4	4: May we speak with your third-party designee?						
	Do you want to allow an employee, a paid tax preparer, or another person to discuss	this return with the IRS? See the instructions					
	for details.						
	Yes. Designee's name and phone number						
	Select a 5-digit personal identification number (PIN) to use when talking to t	he IRS.					
	∐ No.						
Part	5: Sign here. You MUST complete all three pages of Form 941 and SIGN it. er penalties of perjury, I declare that I have examined this return, including accompanying schedule	s and statements, and to the hest of my knowledge					
	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all						
		rint your					
	Sign your	rint your					
		le here					
	Date / / B	est daytime phone					
Pa	Paid Preparer Use Only Check if you're self-employed						
Prep	parer's name	PTIN					
Prep	parer's signature	Date / /					
	's name (or yours f-employed)	EIN					
Addı	ress	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 www.irs.gov/EIN. 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 2020," "2nd Quarter 2020," "3rd Quarter 2020," or "4th Quarter 2020") 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>	· · · · · · · ·	Detach Here and Mail With Your Payment and Form 941. V						
E 941-V Department of the Treasury Internal Revenue Service ► Do			Payment Voucher Don't staple this voucher or your payment to Form 941.		OMB No. 1545-0029			
Enter your employer identification number (EIN).			2 Dolla Enter the amount of your payment. ▶ Make your check or money order payable to "United States Treasury"		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	, 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.