Form 941-SS for 2011:

(Rev. January 2011)

Employer's QUARTERLY Federal Tax Return

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

OMB No. 1545-0029

| Departin | nent of the Treasury - Internal Revenue Serv | | anus, anu u | | | | | | | |
|----------------------------|--|---------------------------------------|--------------------------------|------------|--------------|----------------------------|---|--|--|--|
| (EIN) Empl | oyer identification number | | | | | Report fo | or this Quarter of 2011 | | | |
| Name (not your trade name) | | | | | | | nuary, February, March | | | |
| Trade | e name (if any) | | | | | 2: April, May, June | | | | |
| | | | | | | 3: Jul | July, August, September | | | |
| Addro | Number Street | Der L | 4: October, November, December | | | | | | | |
| | | | | | | Prior-year f | orms are available at | | | |
| | City | Sta | | | | /ww.irs.go | v/form941ss. | | | |
| 1 | the separate instructions before you of 1: Answer these questions for t | | pe or print v | vitnin the | boxes. | | | | | |
| 1 | Number of employees who receiv | | compensati | ion for th | e pay perio | bd | | | | |
| 2 | including: Mar. 12 (Quarter 1), Jur | e 12 (Quarter 2), Sept. 12 | ? (Quarter 3 |), or Dec. | . 12 (Quarte | er 4) 1 | | | | |
| | | | | | | | | | | |
| 3 | | | : - ! | | | | | | | |
| 4 | If no wages, tips, and other comp | - | ocial secur | - | | | Check and go to line 6e. | | | |
| _ | - | Column 1 |] | | Column 2 | | For 2011, the employee social security tax rate is 4.2% and the | | | |
| 5a | Taxable social security wages | · |] × .104 = | | | | Medicare tax rate is 1.45%. The employer social security tax rate | | | |
| 5b | Taxable social security tips | _ |] × .104 = | | | | is 6.2% and the Medicare tax rate is 1.45%. | | | |
| 5c | Taxable Medicare wages & tips | | ∫ × .029 = | | | | | | | |
| 5d | Add Column 2 line 5a, Column 2 li | ne 5b, and C <i>olumn 2</i> line | 5c | | | . 5d | • | | | |
| 5e | Section 3121(q) Notice and Dema | nd—Tax due on unreport | ed tips (see | instructio | ons) | . 5e | • | | | |
| 6a | Reserved for future use. | | | | | | | | | |
| 6b | Reserved for future use. | o Not C | om | ple | ete | Lin | es 6a-6d | | | |
| 6c | Reserved for future use. | | | | | 6d | | | | |
| 6e | Total taxes before adjustments (a | dd lines 5d and 5e) | | | | . 6e | | | | |
| 7 | Current guarter's adjustment for | | | | | 7 | | | | |
| , 8 | Current quarter's adjustment for | | | | | 8 | | | | |
| 9 | Current quarter's adjustments for | | incuranco | | | . 9 | | | | |
| | | | | | | 10 | | | | |
| 10 | Total taxes after adjustments. Co | - | | ••• | | | • | | | |
| 11 | Total deposits, including prior qua | | | | | . 11 | • • | | | |
| 12a | COBRA premium assistance payr | , , , , , , , , , , , , , , , , , , , | | | | . 12a | • | | | |
| 12b | Number of individuals provided C | JBRA premium assistant | ce | | | | | | | |
| 13 | Add lines 11 and 12a | | | · · · | | . 13 | • • • • • • • • • • • • • • • • • • • | | | |
| 14 | Balance due. If line 10 is more than | | nd see instr | uctions | | . 14 | • | | | |
| 15 | Overpayment. If line 13 is more than line | 10, enter difference | | • | Check one: | Apply | to next return. Send a refund. | | | |
| | ► You MUST complete both pages | of Form 941-SS and SIGN | l it. | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Next ∎►

Cat. No. 17016Y Fo

Form 941-SS (Rev. 1-2011)

| Name (n | ot your trade nam | ie) | | | | | | Employer identific | cation number (EIN) |
|--|--|-------------|------------------|------------------|---------------------|-------------------|---------------|---------------------------------------|-----------------------------------|
| Part | 2: Tell us ab | out vou | r deposit so | hedule and | l tax liability fo | or this quarter | : | | |
| Part 2: Tell us about your deposit schedule and tax liability for this quarter. If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see <i>Pub. 80</i> (<i>Circular SS</i>), section 8. | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | Check one: Total taxes (line 10) on this return are less than \$2,500 or total taxes on the return for the preceding quarter were less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If you meet the <i>de minimis</i> exception based on the prior quarter and line 10 for the current quarter is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3. | | | | | | | | |
| | You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3. | | | | | | | | bility |
| | | Та | x liability: | Month 1 | | • | | | |
| | | | | Month 2 | | • | | | |
| | | | | Month 3 | | • | | | |
| | | | tal liability fo | - | | | | al must equal lir | |
| | | | | - | • | | - | uarter. Complete ch it to Form 941 | e Schedule B (Form 941): I-SS. |
| Part | 3: Tell us ab | out you | r business. | If a questio | on does NOT a | pply to your b | ousiness, | , leave it blank. | |
| 18 | If your busine | ess has | closed or yo | u stopped p | baying wages . | | | | Check here, and |
| | enter the final | date yo | u paid wages | ; | | | | | |
| 19 | If you are a s | easonal | l employer a | nd you do n | ot have to file a | a return for eve | ery quarte | er of the year . | Check here. |
| Part 4 | 4: May we s | peak w | ith your thir | d-party des | ignee? | | | | |
| | Do you war instructions | | - | yee, a paid t | tax preparer, o | r another pers | on to dise | cuss this return | with the IRS? See the |
| | Yes. Designee's name and phone number | | | | | | | | |
| | | - | | | | | | | |
| | Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS. | | | | | | | | |
| Part | Sign here | . You M | UST comple | ete both pa | ges of Form 9 | 41-SS and SI | GN it. | | |
| Under | penalties of perj | jury, I dec | lare that I have | examined this | s return, including | accompanying s | chedules a | | d to the best of my knowledge |
| and be | elief, it is true, co | rrect, and | d complete. De | claration of pre | eparer (other than | taxpayer) is base | ed on all inf | ormation of which | preparer has any knowledge. |
| | | | | | | | Drin | t vour | |
| | Sign y | | | | | | | t your | |
| | name | here | | | | | | t your | |
| | • | Date | | | | | | t daytime phone | |
| Paid Preparer Use Only Check if you are self-employed | | | | | | | | | |
| Prepar | er's name | | - | | | | | PTIN | |
| | er's signature | | | | | | | Date | |
| Firm's ı | name (or yours | | | | | | | | |
| | mployed) | | | | | | | EIN | |
| Addres | S | | | | | | | Phone | |
| City | | | | | | State | | ZIP code | |
| Page 2 | | | | | | | | | Form 941-SS (Rev. 1-2011 |

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.

If you have your return prepared by a third party and make a payment with that return, please provide this payment voucher to the return preparer.

Making Payments With Form 941-SS

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

• Your net taxes for either the current quarter or the preceding quarter (line 10 (previously line 8) on Form 941-SS) 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, apply for one on Form SS-4, Application for Employer Identification Number, and 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.

| ► Detach Here and Mail With Your Payment and Form 941-SS. ▼ | | | | | | | | |
|--|--------------------------------------|--|--------|-------------------|-------|--|--|--|
| E 941-V(SS) Department of the Treasury Internal Revenue Service | ► Do n | Payment Voucher not staple this voucher or your payment to Form 941-SS. | ŀ | OMB No. 1545-0029 | | | | |
| Enter your employer identification number (EIN). | on | ² Enter the amount of your payment. ► | Dollar | S | Cents | | | |
| 3 Tax period O 1st Quarter O 2nd Quarter | C 3rd Quarter C 4th Quarter | 4 Enter your business name (individual name if sole proprietor). Enter your address. Enter your city, state, and ZIP code. | | | | | | |

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. This form 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 and interest.

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:

| Recordkeeping | 1(| 0 r | nrs., | 31 min. | | |
|--------------------------------------|----|-----|-------|---------|--|--|
| Learning about the law or the form . | | | | 18 min. | | |
| Preparing, copying, assembling, and | | | | | | |
| sending the form to the IRS | | | | 28 min. | | |

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 write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.