Form **941-SS for 2012**:

(Rev. January 2012)

Employer's QUARTERLY Federal Tax Return

American Samoa, Guam, the Commonwealth of the Northern

Departi	ment of the Treasury - Internal Revenue Serv	rice Mariana Is	slands, and the U.S.	Virgin Islands	OMB No. 1545-0029
(EIN) Emp	loyer identification number			Report for (Check one.)	this Quarter of 2012
Nam	e (not your trade name)			1: Januar	y, February, March
Trad	e name (if any)			2: April, N	
Addr	ress			3: July, A	ugust, September
	Number Street		Suite or room num		er, November, December ns are available at
				www.irs.gov/fc	
	City	Sta	te ZIP code		
	the separate instructions before you o	·	pe or print within th	e boxes.	
Part	1: Answer these questions for t	his quarter.			
1	Number of employees who receiv	0,1,	•		
•	including: Mar. 12 (Quarter 1), Jun	e 12 (Quarter 2), Sept. 12	(Quarter 3), or De	<i>c. 12</i> (Quarter 4) 1	
2					
3				. .	7
4	If no wages, tips, and other comp	ensation are subject to s	ocial security or N	ledicare tax	Check and go to line 6.
		Column 1		Column 2	
5a	Taxable social security wages	■	× .104 =		
5b					
	Taxable social security tips		× .104 =	•	
5c	Taxable social security tips Taxable Medicare wages & tips		x .104 = x .029 =	•	
5c 5d		ne 5b, and Column 2 line	× .029 =	• • • • • • • • • • • • • • • • • • •	•
	Taxable Medicare wages & tips	,	5c		
5d	Taxable Medicare wages & tips Add Column 2 line 5a, Column 2 li	nd—Tax due on unreport	× .029 = 5c . ed tips (see instruct)		
5d 5e	Taxable Medicare wages & tips Add <i>Column 2</i> line 5a, <i>Column 2</i> li Section 3121(q) Notice and Deman	nd—Tax due on unreport	× .029 = 5c . ed tips (see instruct)	tions) 5e	

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 tips and group-term life insurance			9	
10	Total taxes after adjustments. Combine lines 6 through 9		. 1	10	
11	Total deposits for this quarter, including overpayment applied from a prior quarter an overpayment applied from Form 941-X or Form 944-X		. 1	11	
12a	COBRA premium assistance payments (see instructions)		. 1	2a	
12b	Number of individuals provided COBRA premium assistance				
13	Add lines 11 and 12a		. 1	13	
14	Balance due. If line 10 is more than line 13, enter difference and see instructions		. 1	14	
15	Overpayment. If line 13 is more than line 10, enter difference Check of	one:	Ар	ply to next return.	Send a refund.

► You MUST complete both pages of Form 941-SS and SIGN it.

Next 🕨

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 17016Y Form 941-SS (Rev. 1-2012)

Name (not your trade name)				Employer identification numb	er (EIN)			
Part 2: Tell us abo	ut your deposit s	chedule and tax	liability for this quart	er.					
	· · · ·				schedule depositor, see F	Pub. 80			
(Circular SS), section	Line 10 on this				for the prior quarter was l				
_	and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the quarter was less than \$2,500 but line 10 on this return 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.								
L	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.								
	Tax liability:	Month 1							
		Month 2	•						
		Month 3	-						
		miweekly sched	ule depositor for any pa eekly Schedule Deposito	art of this q	al must equal line 10. uarter. Complete Schedule ch it to Form 941-SS.	e B (Form 941):			
Part 3: Tell us abo	out your business.	If a question do	pes NOT apply to you	r business	, leave it blank.	-			
17 If your busine	ss has closed or y	ou stopped payir	ng wages		L	Check here, and			
enter the final of	date you paid wage	S				7			
_		-	ave to file a return for e	every quarte	er of the year	Check here.			
Part 4: May we sp				rson to dis	cuss this return with the I	BS? See the			
-	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. D	esignee's name and	d phone number							
S	elect a 5-digit Perso	onal Identification	Number (PIN) to use wh	en talking to	o IRS.				
Part 5: Sign here.	You MUST comp	ete both pages	of Form 941-SS and S	SIGN it.					
Under penalties of perju	ry, I declare that I hav	e examined this retu	Irn, including accompanying	g schedules a	nd statements, and to the best ormation of which preparer has				
					t your				
Sign yo name h					ne here				
					here				
	Date			Bes	t daytime phone				
Paid Preparer U	se Only				Check if you are self-emplo	oyed			
Preparer's name					PTIN				
Preparer's signature					Date				
Firm's name (or yours if self-employed)					EIN				
Address					Phone				
City			State		ZIP code				
Page 2						941-SS (Rev. 1-2012)			

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) 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, you may apply for one online. Go to IRS.gov and click on the *Apply for an EIN Online* link. 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. 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.

Y Deta	is. ▼ -≁	
E 941-V(SS) Department of the Treasury Internal Revenue Service	► Do not staple this voucher or your payment to Form 941-SS.	OMB No. 1545-0029
 Enter your employer identification number (EIN). 	² Enter the amount of your payment. ►	Dollars Cents
	4 Enter your business name (individual name if sole proprietor). arter Enter your address.	
	th 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, including 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 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 ł	nrs.	, 31	min.
Learning about the law or the form .				47	min.
Preparing, copying, assembling, and					
sending the form to the IRS					1 hr.

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.