Form 941 for 2021: Employer's QUARTERLY Federal Tax Return Department of the Treasury – Internal Revenue Service

Read the Part 1: 1

951121 OMB No. 1545-0029

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| Employer identification number (EIN) | | | | | | ort for this Quarter of 2021 k one.) |
|---|--|-----------------------------------|-----------------------------|--------------------|--------------|---|
| Nam | e (not your trade name) | 1: | 1: January, February, March | | | |
| | | 2: | 2: April, May, June | | | |
| Trad | e name (if any) | 3: July, August, September | | | | |
| Addr | 222 | | | | _ | October, November, December |
| Auui | Number Street | | Suite or room | number | | www.irs.gov/Form941 for |
| | | | | | | tions and the latest information. |
| | City | State | ZIP co | de | | |
| | | | | | | |
| | Foreign country name | Foreign province/county | Foreign pos | stal code | | |
| Read t | he separate instructions before you com | plete Form 941. Type or | r print within th | ie boxes. | | |
| Part | Answer these questions for this | quarter. | | | | |
| 1 | Number of employees who received w | | - | or the pay period | | |
| | including: June 12 (Quarter 2), Sept. 12 | (Quarter 3), or Dec. 12 | (Quarter 4) | | 1 [| |
| 2 | Wages, tips, and other compensation | | | | 2 | |
| | | | | | Г | |
| 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 of | or Medicare tax | | Check and go to line 6. |
| | | Column 1 | - | Column 2 | | 0 |
| 5a | Taxable social security wages* . | | × 0.124 = | - | | *Include taxable qualified sick and family leave wages for leave taken |
| 5a | (i) Qualified sick leave wages* . | | × 0.062 = | - | | after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for wages |
| 5a | (ii) Qualified family leave wages* . | • | × 0.062 = | | | paid after March 31, 2020, for leave taken before April 1, 2021. |
| 5b | Taxable social security tips | | × 0.124 = | | | |
| 5c | Taxable Medicare wages & tips. | | × 0.029 = | | | |
| 5d | Taxable wages & tips subject to | | | | | |
| | Additional Medicare Tax withholding | • | • × 0.009 = | | | |
| 5e | Total social security and Medicare taxe | s. Add Column 2 from line | es 5a, 5a(i), 5a(i | i), 5b, 5c, and 5d | 5e | |
| | | | / . | | - - [| |
| 5f | Section 3121(q) Notice and Demand- | Tax due on unreporte | a 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 | pav | | | 8 | • |
| | | | | | - L F | |
| 9 | Current quarter's adjustments for tip | s and group-term life in | nsurance . | | 9 | • |
| 10 | Total taxes after adjustments. Combin | ne lines 6 through 9 . | | | 10 | • |
| 11a | Qualified small business payroll tax cre | dit for increasing resea | rch activities. | Attach Form 8974 | 11a | • |
| 11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taker | | | | | | |
| - | before April 1, 2021 | | | | | • |
| 11c | Nonrefundable portion of employee r | etention credit | | | 11c | • |
| . | | | | | _ | Next - |
| ► Y | ou MUST complete all three pages of | -orm 941 and SIGN it. | | | | Next 🕨 |

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

| Name | (not your trade name) | Employer iden | tification number (EIN) | | | | |
|---|---|--|---|--|--|--|--|
| Part | 1: Answer these questions for this quarter. (continued) | | | | | | |
| 11d | Nonrefundable portion of credit for qualified sick and family leave wages for leave after March 31, 2021 | e taken · · 11d | • | | | | |
| 11e | Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters) | 11e | • | | | | |
| 11f | Number of individuals provided COBRA premium assistance | | | | | | |
| 11g | Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e | 11g | | | | | |
| 12 | Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line | 10 . 12 | | | | | |
| 13a | Total deposits for this quarter, including overpayment applied from a prior quart overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current o | | • | | | | |
| 13b | Reserved for future use | 13b | - | | | | |
| 13c | Refundable portion of credit for qualified sick and family leave wages for leave before April 1, 2021 | taken 13c | | | | | |
| 13d | Refundable portion of employee retention credit | 13d | • | | | | |
| 13e | Refundable portion of credit for qualified sick and family leave wages for leave after March 31, 2021 | taken 13e | • | | | | |
| 13f | Refundable portion of COBRA premium assistance credit (see instructions for app quarters) | licable 13f | • | | | | |
| 13g | Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f | 13g | | | | | |
| 13h | Total advances received from filing Form(s) 7200 for the quarter | 13h | • | | | | |
| 13i | Total deposits and refundable credits less advances. Subtract line 13h from line 13g | 1 3i | • | | | | |
| 14 | Balance due. If line 12 is more than line 13i, enter the difference and see instructions . | 14 | - | | | | |
| 15 | Overpayment. If line 13i is more than line 12, enter the difference | Check one: | Apply to next return. Send a refund. | | | | |
| Part 2: Tell us about your deposit schedule and tax liability for this quarter. | | | | | | | |
| lf you | I're unsure about whether you're a monthly schedule depositor or a semiweekly sche | edule deposi | tor, see section 11 of Pub. 15. | | | | |
| 16 | Check one: Line 12 on this return is less than \$2,500 or line 12 on the return f and you didn't incur a \$100,000 next-day deposit obligation during quarter was less than \$2,500 but line 12 on this return is \$100,000 of federal tax liability. If you're a monthly schedule depositor, comple semiweekly schedule depositor, attach Schedule B (Form 941). Go to F | g the curren or more, you te the depo | t quarter. If line 12 for the prior must provide a record of your | | | | |
| | You were a monthly schedule depositor for the entire quarter. Entitiability for the quarter, then go to Part 3. | ter your tax I | ability for each month and total | | | | |

| Tax liability: | Month 1 | | - | | | |
|---|-----------|--|---|---------------------------|--|--|
| | Month 2 | | • | | | |
| | Month 3 | | • | | | |
| Total liability for | r quarter | | | Total must equal line 12. | | |
| 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. Go to Part 3. | | | | | | |

► You MUST complete all three pages of Form 941 and SIGN it.

| Name - (* | | | | 951921 | | | | | |
|--|--|------------------------------------|-------------------------|---------------------------------------|--|--|--|--|--|
| Name (r | (not your trade name) | | Employe | r identification number (EIN) | | | | | |
| Part 3 | 3: Tell us about your business. If a ques | stion does NOT apply to your | business, leave | it blank. | | | | | |
| 17 | If your business has closed or you stopped | d paying wages | | Check here, and | | | | | |
| | enter the final date you paid wages / | ement to your retu | rn. See instructions. | | | | | | |
| 18a | If you're a seasonal employer and you don't have to file a return for every quarter of the year | | | | | | | | |
| 18b | If you're eligible for the employee retention cre | edit solely because your business | is a recovery start | up business 🗌 Check here. | | | | | |
| 19 | Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19 | | | | | | | | |
| 20 | Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20 | | | | | | | | |
| 21 | Qualified wages for the employee retention | n credit | | 21 • | | | | | |
| 22 | Qualified health plan expenses for the emp | oloyee retention credit | | 22 | | | | | |
| 23 | Qualified sick leave wages for leave taken | after March 31, 2021 | | - | | | | | |
| 24 | Qualified health plan expenses allocable to | | | 24 | | | | | |
| 25 | Amounts under certain collectively barg leave wages reported on line 23 | ained agreements allocable t | o qualified sick | 25 | | | | | |
| 26 | Qualified family leave wages for leave take | en after March 31, 2021 . | | - 26 | | | | | |
| 27 | Qualified health plan expenses allocable to | qualified family leave wages rep | orted on line 26 | 27 | | | | | |
| 28 | Amounts under certain collectively barga leave wages reported on line 26 | ained agreements allocable to | qualified family | 28 • | | | | | |
| Part 4 | 4: May we speak with your third-party of | designee? | | | | | | | |
| | Do you want to allow an employee, a paid tax for details. | x preparer, or another person to o | discuss this return | with the IRS? See the instructions | | | | | |
| | Yes. Designee's name and phone number | er | | | | | | | |
| | Select a 5-digit personal identification | on number (PIN) to use when talk | ing to the IRS. | | | | | | |
| | □ No. | | | | | | | | |
| Part & | 5: Sign here. You MUST complete all the er penalties of perjury, I declare that I have examined | | | popto and to the best of my knowledge | | | | | |
| | belief, it is true, correct, and complete. Declaration of | | | | | | | | |
| | Sign your | | Print your name here | | | | | | |
| | name here | | Print your | | | | | | |
| | • | | title here | | | | | | |
| | Date / / | | Best daytime | e phone | | | | | |
| Paid Preparer Use Only Check if you're self-employed . . | | | | | | | | | |
| Prepa | arer's name | | PTIN | | | | | | |
| Prepa | parer's signature | | Date | / / | | | | | |
| | 's name (or yours f-employed) | | EIN | | | | | | |
| Addr | ress | | Phone | | | | | | |
| City | | State | ZIP coc | de | | | | | |

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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 2021," "2nd Quarter 2021," "3rd Quarter 2021," or "4th Quarter 2021") 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.

| }~ | ▼ Det | tach Here | e and Mail With Your Payment and For | m 941. ▼ | | ~ | |
|--|----------------|----------------|--|-------------------------|------------------|-------------------|--|
| E 941-V Department of the Treasury Internal Revenue Service ►D | | | Payment Voucher on't staple this voucher or your payment to Form 941. | | | OMB No. 1545-0029 | |
| 1 Enter your employer number (EIN). | identification | | 2 Enter the amount of your payment. ► Make your check or money order payable to "United States Treasury" | Dollars | | Cents | |
| 3 Tax Period 1st Quarter | \bigcirc | 3rd Quarter | 4 Enter your business name (individual name if sole proprietor). | | | | |
| 2nd Quarter | 0 | 4th Quarter | Enter your city, state, and ZIP code; or your city, foreign country name | , foreign province/cour | ity, 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:

| Recordkeeping | 22 | hr., | , 28 min. |
|--------------------------------------|----|------|-----------|
| Learning about the law or the form . | | | 53 min. |
| Preparing, copying, assembling, and | | | |
| sending the form to the IRS | 1 | hr., | 18 min. |

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.