

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

990306

(Rev. January 2006)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer identification number -

Name (not your trade name)

Calendar year (Also check quarter)

Report for this Quarter ...
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your **TAX LIABILITY** for the quarter; **DO NOT** use it to show your deposits. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in *Pub. 15 (Circular E), Employer's Tax Guide*, for details.

Month 1				Tax liability for Month 1
1	<input type="text"/>	9	<input type="text"/>	
2	<input type="text"/>	10	<input type="text"/>	
3	<input type="text"/>	11	<input type="text"/>	
4	<input type="text"/>	12	<input type="text"/>	
5	<input type="text"/>	13	<input type="text"/>	
6	<input type="text"/>	14	<input type="text"/>	
7	<input type="text"/>	15	<input type="text"/>	
8	<input type="text"/>	16	<input type="text"/>	
		17	<input type="text"/>	
		18	<input type="text"/>	
		19	<input type="text"/>	
		20	<input type="text"/>	
		21	<input type="text"/>	
		22	<input type="text"/>	
		23	<input type="text"/>	
		24	<input type="text"/>	
		25	<input type="text"/>	
		26	<input type="text"/>	
		27	<input type="text"/>	
		28	<input type="text"/>	
		29	<input type="text"/>	
		30	<input type="text"/>	
		31	<input type="text"/>	
Tax liability for Month 1				
Month 2				Tax liability for Month 2
1	<input type="text"/>	9	<input type="text"/>	
2	<input type="text"/>	10	<input type="text"/>	
3	<input type="text"/>	11	<input type="text"/>	
4	<input type="text"/>	12	<input type="text"/>	
5	<input type="text"/>	13	<input type="text"/>	
6	<input type="text"/>	14	<input type="text"/>	
7	<input type="text"/>	15	<input type="text"/>	
8	<input type="text"/>	16	<input type="text"/>	
		17	<input type="text"/>	
		18	<input type="text"/>	
		19	<input type="text"/>	
		20	<input type="text"/>	
		21	<input type="text"/>	
		22	<input type="text"/>	
		23	<input type="text"/>	
		24	<input type="text"/>	
		25	<input type="text"/>	
		26	<input type="text"/>	
		27	<input type="text"/>	
		28	<input type="text"/>	
		29	<input type="text"/>	
		30	<input type="text"/>	
		31	<input type="text"/>	
Tax liability for Month 2				
Month 3				Tax liability for Month 3
1	<input type="text"/>	9	<input type="text"/>	
2	<input type="text"/>	10	<input type="text"/>	
3	<input type="text"/>	11	<input type="text"/>	
4	<input type="text"/>	12	<input type="text"/>	
5	<input type="text"/>	13	<input type="text"/>	
6	<input type="text"/>	14	<input type="text"/>	
7	<input type="text"/>	15	<input type="text"/>	
8	<input type="text"/>	16	<input type="text"/>	
		17	<input type="text"/>	
		18	<input type="text"/>	
		19	<input type="text"/>	
		20	<input type="text"/>	
		21	<input type="text"/>	
		22	<input type="text"/>	
		23	<input type="text"/>	
		24	<input type="text"/>	
		25	<input type="text"/>	
		26	<input type="text"/>	
		27	<input type="text"/>	
		28	<input type="text"/>	
		29	<input type="text"/>	
		30	<input type="text"/>	
		31	<input type="text"/>	
Tax liability for Month 3				
Total liability for the quarter				

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter
Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).