

Form 941-M for 2008: Employer's MONTHLY Federal Tax Return

OMB No. 1545-0718

(Rev. January 2008) Department of the Treasury — Internal Revenue Service

Do not file this form unless instructed to do so by the IRS.

(EIN) Employer identification number -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Report for this Month of 2008
(Check ONE month only.)

Jan. Feb. March

April May June

July August Sept.

Oct. Nov. Dec.

Read the separate instructions before you complete this form. Type or print within the boxes.

Part 1: Answer these questions for this month.

- 1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) 1
- 2 Wages, tips, and other compensation 2
- 3 Total income tax withheld from wages, tips, and other compensation 3
- 4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.
- 5 Taxable social security and Medicare wages and tips:

| | Column 1 | | Column 2 |
|--|----------------------|----------|----------------------|
| 5a Taxable social security wages | <input type="text"/> | × .124 = | <input type="text"/> |
| 5b Taxable social security tips | <input type="text"/> | × .124 = | <input type="text"/> |
| 5c Taxable Medicare wages & tips | <input type="text"/> | × .029 = | <input type="text"/> |
| 5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) | | | <input type="text"/> |
| 6 Total taxes before adjustments (lines 3 + 5d = line 6) | | | <input type="text"/> |

- 7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7g.):
- 7a Current month's fractions of cents
- 7b Current month's sick pay
- 7c Current month's adjustments for tips and group-term life insurance
- 7d Current year's income tax withholding (attach Form 941c)
- 7e Prior months' social security and Medicare taxes (attach Form 941c)
- 7f Special additions to federal income tax (attach Form 941c)
- 7g Special additions to social security and Medicare (attach Form 941c)
- 7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) 7h
- 8 Total taxes after adjustments (Combine lines 6 and 7h.) 8
- 9 Advance earned income credit (EIC) payments made to employees 9
- 10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) 10
- 11 Total deposits for this month. Enter the amount from page 2, line 14b 11
- 12 Balance due (If line 10 is more than line 11, write the difference here.) Make your check or money order payable to United States Treasury 12

13 Overpayment (If line 11 is more than line 10, write the difference here.) Check one Apply to next return. Send a refund.

You MUST complete both pages of Form 941-M and SIGN it. **Next** →

Name (not your trade name)

Employer identification number (EIN)

Part 2: Tell us about your tax liability and deposits for this month.

14 Record of Federal Tax Liability and Deposits (Read the instructions for this line.)

| Tax Liability | Amount Deposited | Tax Liability | Amount Deposited | Tax Liability | Amount Deposited |
|--|------------------|---------------|------------------|---------------|------------------|
| Overpayment from previous month ▶ | | | | | |
| 1 | | 12 | | 23 | |
| 2 | | 13 | | 24 | |
| 3 | | 14 | | 25 | |
| 4 | | 15 | | 26 | |
| 5 | | 16 | | 27 | |
| 6 | | 17 | | 28 | |
| 7 | | 18 | | 29 | |
| 8 | | 19 | | 30 | |
| 9 | | 20 | | 31 | |
| 10 | | 21 | | | |
| 11 | | 22 | | | |
| a Total tax liability for the month (must equal line 10 on page 1). Add lines 1-31 in the <i>Tax Liability</i> columns | | | | 14a | |
| b Total deposits for the month. Add lines 1-31 (including overpayment from previous month) in the <i>Amount Deposited</i> columns | | | | 14b | |

15 Copy the amount shown on line 14b to line 11.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed or you stopped paying wages Check here, and

enter the final date you paid wages / /

17 If you are a seasonal employer and you do not have to file a return for every month of the year . . . Check here.

Part 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 IRS.

No.

Part 5: Sign here. You MUST complete both pages of Form 941-M and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

X Sign your name here

Print your name here

Print your title here

Date / /

Best daytime phone () -

Part 6: For PAID preparers only (optional)

Paid preparer's signature

Firm's name

Address EIN

Date / / Phone () - ZIP code

SSN/PTIN

Check if you are self-employed.