

Employer's Quarterly Federal Tax Return

▶ See separate instructions revised January 2002 for information on completing this return.

Please type or print.

Enter state code for state in which deposits were made **only** if different from state in address to the right ▶ (see instructions).

Name (as distinguished from trade name)
Ourtown Christian Church
Trade Name, If Any
Ourtown Christian Church
Address (number and street)
101 Main St

Date Quarter Ended
03/31/01
Employer Identification Number
77-7777777

OMB No. 1545-0029

T
FF
FD
FP
I
T

City State ZIP Code
Ourtown TX 77777

1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	3	4	4	4	5	5	5						
6	7	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	10	10	10	10	10	10	10	10	10	10	10	10

If address is different from prior return, check here ▶

If you do not have to file returns in the future, check here ... ▶ and enter date final wages paid

If you are a seasonal employer, see **Seasonal employers** in the instructions and check here

1 Number of employees in the pay period that includes March 12th	1	0
2 Total wages and tips, plus other compensation	2	7800.00
3 Total income tax withheld from wages, tips, and sick pay	3	1830.00
4 Adjustment of withheld income tax for preceding quarters of calendar year	4	0.00
5 Adjusted total of income tax withheld (line 3 as adjusted by line 4 - see instructions)	5	1830.00
6 Taxable social security wages	6a	5100.00 x 12.4% (.124) = 6b 632.40
Taxable social security tips	6c	0.00 x 12.4% (.124) = 6d 0.00
7 Taxable Medicare wages and tips	7a	5100.00 x 2.9% (.029) = 7b 147.90
8 Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax	8	780.30
9 Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick pay \$ 0.00 +/- Fractions of cents \$ 0.00 +/- Other \$ 0.00 =	9	0.00
10 Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9 - see instructions)	10	780.30
11 Total taxes (add lines 5 and 10)	11	2610.30
12 Advance earned income credit (EIC) payments made to employees	12	0.00
13 Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))	13	2610.30
14 Total deposits for quarter, including overpayment applied from a prior quarter	14	2610.30
15 Balance due (subtract line 14 from line 13). See instructions	15	0.00
16 Overpayment. If line 14 is more than line 13, enter excess here	▶ \$ 0.00	

- All filers: If line 13 is less than \$2,500, you need not complete line 17 or Schedule B (Form 941).
- Semiweekly schedule depositors: Complete Schedule B (Form 941) and check here
- Monthly schedule depositors: Complete line 17, columns (a) through (d), and check here

17 Monthly Summary of Federal Tax Liability. Do not complete if you were a semiweekly schedule depositor.			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter
870.10	870.10	870.10	2610.30

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see separate instructions)? ... Yes. Complete the following. No

Designee's Name ▶ Phone Number ▶ Personal ID Number (PIN) ▶

Sign Here 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.

Signature ▶ Print Your Name and Title ▶ Date ▶

▼ Detach Here and Mail With Your Payment ▼

Form **941-V** (2002)

Form **941-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0029

2002

▶ Do not staple or attach this voucher to your payment.

1 Enter Your Employer Identification Number		2 Enter the amount of the payment	Dollars	Cents
3 Tax Period				
<input type="checkbox"/> 1st Quarter	<input type="checkbox"/> 3rd Quarter	4 Enter Your Business Name (individual name if sole proprietor) _____ Enter Your Address _____ Enter Your City, State, and ZIP Code		
<input type="checkbox"/> 2nd Quarter	<input type="checkbox"/> 4th Quarter			

BAA