

# Employer's Quarterly Federal Tax Return

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► For Paperwork Reduction Act Notice, see page 2.

Please type or print.

Your name, address, employer identification number, and calendar quarter of return. (If not correct, please change.)

Name (as distinguished from trade name)

Date quarter ended

OMB No. 1545-0029  
 Expires: 5-31-91

Trade name, if any

Employer identification number

Address and ZIP code

# YOUR COPY

Oct. Nov. Dec. 88

If you do not have to file returns in the future, check here  Date final wages paid

Complete for First Quarter Only			
1a	Number of employees (except household) employed in the pay period that includes March 12th	▶	1a 3
b	If you are a subsidiary corporation AND your parent corporation files a consolidated Form 1120, enter parent corporation employer identification number (EIN)	▶ 1b	-
2	Total wages and tips subject to withholding, plus other compensation	▶	2 6137.60
3	Total income tax withheld from wages, tips, pensions, annuities, sick pay, gambling, etc.	▶	3 896.49
4	Adjustment of withheld income tax for preceding quarters of calendar year (see instructions)	▶	4
5	Adjusted total of income tax withheld (see instructions)	▶	5
6	Taxable social security wages paid \$ _____ × 15.02% (.1502)	▶	6 922.04
7a	Taxable tips reported \$ _____ × 15.02% (.1502)	▶	7a
7b	Taxable hospital insurance wages paid \$ _____ × 2.9% (.029)	▶	7b
8	Total social security taxes (add lines 6, 7a, and 7b)	▶	8
9	Adjustment of social security taxes (see instructions for required explanation)	▶	9
10	Adjusted total of social security taxes (see instructions)	▶	10
11	Backup withholding (see instructions)	▶	11
12	Adjustment of backup withholding tax for preceding quarters of calendar year	▶	12
13	Adjusted total of backup withholding	▶	13
14	Total taxes (add lines 5, 10, and 13)	▶	14
15	Advance earned income credit (EIC) payments, if any	▶	15
16	Net taxes (subtract line 15 from line 14). This must equal line IV below (plus line IV of Schedule A (Form 941) if you have treated backup withholding as a separate liability).	▶	16
17	Total deposits for quarter, including overpayment applied from a prior quarter, from your records	▶	17 7906.13
18	Balance due (subtract line 17 from line 16). This should be less than \$500. Pay to IRS	▶	18
19	If line 17 is more than line 16, enter overpayment here \$ _____ and check if to be: <input type="checkbox"/> Applied to next return OR <input type="checkbox"/> Refunded.	▶	

**Record of Federal Tax Liability (Complete if line 16 is \$500 or more.)** See the instructions under rule 4 for details before checking these boxes.  
 Check only if you made eighth-monthly deposits using the 95% rule  Check only if you are a first time 3-banking-day depositor

Date wages paid	Show tax liability here, not deposits. IRS gets deposit data from FTD coupons.		
	First month of quarter	Second month of quarter	Third month of quarter
1st through 3rd	A	I	Q
4th through 7th	B	J	R
8th through 11th	C	K	S
12th through 15th	D	L	T
16th through 19th	E	M	U
20th through 22nd	F	N	V
23rd through 25th	G	O	W
26th through the last	H	P	X
Total liability for month	I	II	III
<b>IV Total for quarter (add lines I, II, and III). This must equal line 16 above</b> ▶			

**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 ▶ Title ▶ Date ▶

**Employer's Quarterly Federal Tax Return**  
**4343** ▶ For Paperwork Reduction Act Notice, see page 2.  
 Please type or print.

OMB No. 1545-0029  
 Expires: 5-31-91

Your name, address, employer identification number, and calendar quarter of return. (If not correct, please change.)

Name (as distinguished from trade name) \_\_\_\_\_ Date quarter ended \_\_\_\_\_  
 Trade name, if any \_\_\_\_\_ Employer identification number \_\_\_\_\_  
 Address and ZIP code \_\_\_\_\_

**YOUR COPY**

*JULY, AUG, SEPT. 88*

If you do not have to file returns in the future, check here  Date final wages paid \_\_\_\_\_

Complete for First Quarter Only			
1a	Number of employees (except household) employed in the pay period that includes March 12th	1a	3
b	If you are a subsidiary corporation AND your parent corporation files a consolidated Form 1120, enter parent corporation employer identification number (EIN)	1b	-
2	Total wages and tips subject to withholding, plus other compensation	2	6087.60
3	Total income tax withheld from wages, tips, pensions, annuities, sick pay, gambling, etc.	3	846.99
4	Adjustment of withheld income tax for preceding quarters of calendar year (see instructions)	4	
5	Adjusted total of income tax withheld (see instructions)	5	
6	Taxable social security wages paid \$ _____ x 15.02% (.1502)	6	914.52
7a	Taxable tips reported \$ _____ x 15.02% (.1502)	7a	
7b	Taxable hospital insurance wages paid \$ _____ x 2.9% (.029)	7b	
8	Total social security taxes (add lines 6, 7a, and 7b)	8	
9	Adjustment of social security taxes (see instructions for required explanation)	9	
10	Adjusted total of social security taxes (see instructions)	10	
11	Backup withholding (see instructions)	11	
12	Adjustment of backup withholding tax for preceding quarters of calendar year	12	
13	Adjusted total of backup withholding	13	
14	Total taxes (add lines 5, 10, and 13)	14	
15	Advance earned income credit (EIC) payments, if any	15	
16	Net taxes (subtract line 15 from line 14). This must equal line IV below (plus line IV of Schedule A (Form 941) if you have treated backup withholding as a separate liability).	16	
17	Total deposits for quarter, including overpayment applied from a prior quarter, from your records	17	7848.61
18	Balance due (subtract line 17 from line 16). This should be less than \$500. Pay to IRS	18	
19	If line 17 is more than line 16, enter overpayment here \$ _____ and check if to be:		

Applied to next return OR  Refunded.

**Record of Federal Tax Liability (Complete if line 16 is \$500 or more.)** See the instructions under rule 4 for details before checking these boxes.  
 Check only if you made eighth-monthly deposits using the 95% rule  Check only if you are a first time 3-banking-day depositor

Date wages paid	Show tax liability here, not deposits. IRS gets deposit data from FTD coupons.					
	First month of quarter		Second month of quarter		Third month of quarter	
	1st through 3rd	A		I		Q
4th through 7th	B		J		R	
8th through 11th	C		K		S	
12th through 15th	D		L		T	
16th through 19th	E		M		U	
20th through 22nd	F		N		V	
23rd through 25th	G		O		W	
26th through the last	H		P		X	
Total liability for month	I		II		III	
<b>IV Total for quarter (add lines I, II, and III). This must equal line 16 above</b>						

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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# Employer's Quarterly Federal Tax Return

**4142** ▶ For Paperwork Reduction Act Notice, see page 2.  
 Please type or print.

OMB No. 1545-0029  
 Expires: 8-31-88

Your name, address, employer identification number, and calendar quarter of return. (If not correct, please change.)

Name (as distinguished from trade name) \_\_\_\_\_ Date quarter ended \_\_\_\_\_  
 Trade name, if any \_\_\_\_\_ Employer identification number \_\_\_\_\_  
 Address and ZIP code \_\_\_\_\_

# YOUR COPY

*Apr, May, June 1988*

If you are not liable for returns in the future, check here  Date final wages paid \_\_\_\_\_

**Complete for First Quarter Only**

<b>1a</b>	Number of employees (except household) employed in the pay period that includes March 12th	▶	<b>1a</b>	<u>3</u>
<b>b</b>	If you are a subsidiary corporation AND your parent corporation files a consolidated Form 1120, enter parent corporation employer identification number (EIN)	▶	<b>1b</b>	<u>-</u>
<b>2</b>	Total wages and tips subject to withholding, plus other compensation	▶	<b>2</b>	<u>6137.60</u>
<b>3</b>	Total income tax withheld from wages, tips, pensions, annuities, sick pay, gambling, etc.	▶	<b>3</b>	<u>846.49</u>
<b>4</b>	Adjustment of withheld income tax for preceding quarters of calendar year (see instructions)	▶	<b>4</b>	
<b>5</b>	Adjusted total of income tax withheld	▶	<b>5</b>	
<b>6</b>	Taxable social security wages paid \$ _____ × 15.02% (.1502)	▶	<b>6</b>	<u>922.04</u>
<b>7a</b>	Taxable tips reported \$ _____ × 15.02% (.1502)	▶	<b>7a</b>	
<b>b</b>	Taxable hospital insurance wages paid \$ _____ × 2.9% (.029)	▶	<b>7b</b>	
<b>8</b>	Total social security taxes (add lines 6, 7a, and 7b)	▶	<b>8</b>	
<b>9</b>	Adjustment of social security taxes (see instructions for required explanation)	▶	<b>9</b>	
<b>10</b>	Adjusted total of social security taxes (see instructions)	▶	<b>10</b>	
<b>11</b>	Backup withholding (see instructions)	▶	<b>11</b>	
<b>12</b>	Adjustment of backup withholding tax for preceding quarters of calendar year	▶	<b>12</b>	
<b>13</b>	Adjusted total of backup withholding	▶	<b>13</b>	
<b>14</b>	Total taxes (add lines 5, 10, and 13)	▶	<b>14</b>	
<b>15</b>	Advance earned income credit (EIC) payments, if any	▶	<b>15</b>	
<b>16</b>	Net taxes (subtract line 15 from line 14). This must equal line IV below (plus line IV of Schedule A (Form 941) if you have treated backup withholding as a separate liability).	▶	<b>16</b>	
<b>17</b>	Total deposits for quarter, including overpayment applied from a prior quarter, from your records	▶	<b>17</b>	<u>7906.13</u>
<b>18</b>	Balance due (subtract line 17 from line 16). This should be less than \$500. Pay to IRS	▶	<b>18</b>	
<b>19</b>	If line 17 is more than line 16, enter overpayment here \$ _____ and check if to be: <input type="checkbox"/> Applied to next return <b>OR</b> <input type="checkbox"/> Refunded.			

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 Check only if you made eighth-monthly deposits using the 95% rule  Check only if you are a first time 3-banking-day depositor

Date wages paid	Tax liability ▼ Do NOT Show Federal Tax Deposits Below ▼		
	First month of quarter	Second month of quarter	Third month of quarter
▶ 1st through 3rd	A	I	Q
4th through 7th	B	J	R
8th through 11th	C	K	S
12th through 15th	D	L	T
16th through 19th	E	M	U
20th through 22nd	F	N	V
23rd through 25th	G	O	W
26th through the last	H	P	X
▶ Total liability for month	<b>I</b>	<b>II</b>	<b>III</b>
<b>IV Total for quarter (add lines I, II, and III). This must equal line 16 above</b> ▶			

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 ▶ Title ▶ Date ▶

# Employer's Quarterly Federal Tax Return

**4141** ▶ For Paperwork Reduction Act Notice, see page 2.  
 Please type or print.

OMB No. 1545-0029  
 Expires: 8-31-88

Your name, address, employer identification number, and calendar quarter of return. (If not correct, please change.)

Name (as distinguished from trade name) \_\_\_\_\_ Date quarter ended \_\_\_\_\_  
 Trade name, if any \_\_\_\_\_ Employer identification number \_\_\_\_\_  
 Address and ZIP code \_\_\_\_\_

*Jan, Feb., Mar. 1988*

# YOUR COPY

If you are not liable for returns in the future, check here  Date final wages paid \_\_\_\_\_

**Complete for First Quarter Only**

<b>1a</b>	Number of employees (except household) employed in the pay period that includes March 12th	<b>1a</b>	<i>3</i>
<b>b</b>	If you are a subsidiary corporation AND your parent corporation files a consolidated Form 1120, enter parent corporation employer identification number (EIN)	<b>1b</b>	<i>-</i>
<b>2</b>	Total wages and tips subject to withholding, plus other compensation	<b>2</b>	<i>6137.60</i>
<b>3</b>	Total income tax withheld from wages, tips, pensions, annuities, sick pay, gambling, etc.	<b>3</b>	<i>846.49</i>
<b>4</b>	Adjustment of withheld income tax for preceding quarters of calendar year (see instructions)	<b>4</b>	
<b>5</b>	Adjusted total of income tax withheld	<b>5</b>	
<b>6</b>	Taxable social security wages paid \$ _____ × 15.02% (.1502)	<b>6</b>	<i>922.04</i>
<b>7a</b>	Taxable tips reported \$ _____ × 15.02% (.1502)	<b>7a</b>	
<b>b</b>	Taxable hospital insurance wages paid \$ _____ × 2.9% (.029)	<b>7b</b>	
<b>8</b>	Total social security taxes (add lines 6, 7a, and 7b)	<b>8</b>	
<b>9</b>	Adjustment of social security taxes (see instructions for required explanation)	<b>9</b>	
<b>10</b>	Adjusted total of social security taxes (see instructions)	<b>10</b>	
<b>11</b>	Backup withholding (see instructions)	<b>11</b>	
<b>12</b>	Adjustment of backup withholding tax for preceding quarters of calendar year	<b>12</b>	
<b>13</b>	Adjusted total of backup withholding	<b>13</b>	
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23rd through 25th	G	O	W
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Total liability for month	I	II	III

**IV** Total for quarter (add lines I, II, and III). This must equal line 16 above

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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_