

# 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**

Date Quarter Ended  
**03/31/01**

OMB No. 1545-0029

Trade Name, If Any  
**Ourtown Christian Church**

Employer Identification Number  
**77-7777777**

Address (number and street)  
**101 Main St**

City

State ZIP Code

**Ourtown**

**TX 77777**

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If address is different from prior return, check here ▶

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 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 .....

<b>1</b> Number of employees in the pay period that includes March 12th .....	▶ <b>1</b>		<b>0</b>
<b>2</b> Total wages and tips, plus other compensation .....	<b>2</b>		7800.00
<b>3</b> Total income tax withheld from wages, tips, and sick pay .....	<b>3</b>		1830.00
<b>4</b> Adjustment of withheld income tax for preceding quarters of calendar year .....	<b>4</b>		0.00
<b>5</b> Adjusted total of income tax withheld (line 3 as adjusted by line 4 - see instructions) .....	<b>5</b>		1830.00
<b>6</b> Taxable social security wages .....	<b>6a</b>	5100.00	x 12.4% (.124) = <b>6b</b> 632.40
Taxable social security tips .....	<b>6c</b>	0.00	x 12.4% (.124) = <b>6d</b> 0.00
<b>7</b> Taxable Medicare wages and tips .....	<b>7a</b>	5100.00	x 2.9% (.029) = <b>7b</b> 147.90
<b>8</b> 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 .....	▶ <input type="checkbox"/>	<b>8</b>	780.30
<b>9</b> Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick pay \$ <u>0.00</u> +/- Fractions of cents \$ <u>0.00</u> +/- Other \$ <u>0.00</u> =	<b>9</b>		0.00
<b>10</b> Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9 - see instructions) .....	<b>10</b>		780.30
<b>11</b> Total taxes (add lines 5 and 10) .....	<b>11</b>		2610.30
<b>12</b> Advance earned income credit (EIC) payments made to employees .....	<b>12</b>		0.00
<b>13</b> 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)) .....	<b>13</b>		2610.30
<b>14</b> Total deposits for quarter, including overpayment applied from a prior quarter .....	<b>14</b>		2610.30
<b>15</b> Balance due (subtract line 14 from line 13). See instructions .....	<b>15</b>		0.00
<b>16</b> Overpayment. If line 14 is more than line 13, enter excess here .....	▶ \$ <u>0.00</u>		

- **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 .....

<b>17 Monthly Summary of Federal Tax Liability.</b> 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.

<b>1</b> Enter Your Employer Identification Number		<b>2</b> <b>Enter the amount of the payment</b>	Dollars	Cents
<b>3</b> Tax Period				
<input type="checkbox"/> 1st Quarter	<input type="checkbox"/> 3rd Quarter	<b>4</b> 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**