

Form **941 for 2016: Employer's QUARTERLY Federal Tax Return**

950114

(Rev. January 2016)

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

(EIN)
Employer identification number -

Name (not trade name)

Trade Name (if any)

Address
Number Street Suite or room number

City State ZIP Code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2016 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Prior year forms are available at www.irs.gov/form941

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

Part 1: Answer these questions for this quarter.

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 Federal 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.

	Column 1		Column 2
5a Taxable social security wages	<input type="text" value="9374.00"/>	x .124 =	<input type="text" value="1162.38"/>
5b Taxable social security tips	<input type="text" value="4.00"/>	x .124 =	<input type="text" value="0.50"/>
5c Taxable Medicare wages & tips	<input type="text" value="9378.00"/>	x .029 =	<input type="text" value="271.96"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text"/>		x .009 =	<input type="text"/>

5e Add Column 2 from lines 5a, 5b, 5c, and 5d **5e**

5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions) **5f**

6 Total taxes before adjustments. Add lines 3, 5e, and 5f **6**

7 Current quarter's adjustment for fractions of cents **7**

8 Current quarter's adjustment for sick pay **8**

9 Current quarter's adjustments for tips and group-term life insurance **9**

10 Total taxes after adjustments. Combine lines 6 through 9 **10**

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X, 941-X(PR), 944-X, 944-X(PR), or 944-X(SP) filed in the current quarter **11**

12 Balance due. If line 10 is more than line 11, enter difference and see instructions **12**

13 Overpayment. If line 11 is more than line 10, enter difference Check one: Apply to next return Send a refund

Name (not your trade name)
MEDLIN SOFTWARE

Employer Identification Number (EIN)
012345678

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 14 Check one: Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
- You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for the quarter Total must equal line 10.

- You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Depositors, and attach it to Form 941.

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

- 15 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages
- 16 If you are a seasonal employer and you do not have to file a return for every quarter 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 the IRS

No.

Part 5: Sign here. You MUST complete both pages of Form 941 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

Date

Print your name here

Print your title here

Best daytime phone

Paid preparer use only

Check here if you are self-employed

Preparer's name PTIN

Preparer's signature Date

Firm's name (or yours if self-employed) EIN

Address Phone

City State ZIP code