

Employer identification number (EIN) 89 - 7654321

Name (not your trade name) Name (not your trade name)

Trade name (if any) Trade name (if any)

Address 123 Main St  
Number Street Suite or room number  
San Francisco CA 94106  
City State ZIP code  
Foreign country name CA Foreign province/county Foreign postal code

Report for this Quarter of 2025  
(Check one.)

☒ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

Go to [www.irs.gov/Form941](https://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

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), or Dec. 12 (Quarter 4)

1 12,345

2 Wages, tips, and other compensation

2 \$12,345.67 \$1-

3 Federal income tax withheld from wages, tips, and other compensation

3 \$12,345.67 \$1-

4 If no wages, tips, and other compensation are subject to social security or Medicare tax

☒ Check here and go to line 5.

5a Taxable social security wages

Column 1 \$12,345.67 \$1- x 0.124 = Column 2 \$12,345.67 \$1-

5b Taxable social security tips

Column 1 \$12,345.67 \$1- x 0.124 = Column 2 \$12,345.67 \$1-

5c Taxable Medicare wages & tips

Column 1 \$12,345.67 \$1- x 0.029 = Column 2 \$12,345.67 \$1-

5d Taxable wages & tips subject to Additional Medicare Tax withholding

Column 1 \$12,345.67 \$1- x 0.009 = Column 2 \$12,345.67 \$1-

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d

5e \$12,345.67 \$1-

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

5f \$12,345.67 \$1-

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

6 \$12,345.67 \$1-

7 Current quarter's adjustment for fractions of cents

7 \$12,345.67 \$1-

8 Current quarter's adjustment for sick pay

8 \$12,345.67 \$1-

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

9 \$12,345.67 \$1-

10 Total taxes after adjustments. Combine lines 6 through 9

10 \$12,345.67 \$1-

11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974

11 \$12,345.67 \$1-

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10

12 \$12,345.67 \$1-

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

13 \$12,345.67 \$1-

14 Balance due. If line 12 is more than line 13, enter the difference and see instructions

14 \$12,345.67 \$1-

15 Overpayment. If line 13 is more than line 12, enter the difference

\$12,345.67 \$1- Check one: ☒ Apply to next return. ☐ Send a refund.

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 17001Z

Form 941 (Rev. 3-2025)

950224

|   |  |
|---|--|
| Name (not your trade name)<br>Business Name | Employer identification number (EIN)<br>89 - 7654321 |
|---|--|

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

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

16 Check one: ☒ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're 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 \$12,345.67 \$1-

Month 2 \$12,345.67 \$1-

Month 3 \$12,345.67 \$1-

Total liability for quarter \$12,345.67 \$1-

Total must equal line 12.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

17 If your business has closed or you stopped paying wages . . . . . ☒ Check here and enter the final date you paid wages 12/25/2025 ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't 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 Designee Name and Phone Number (555) 444-3333

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

Designee Personal  
Identification  
Number (PIN)

☐ 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

Print your  
name here

Robin W. Smith

Print your  
title here

Signer Title - Print

Date

Best daytime phone

(555) 444-3333

**Paid Preparer Use Only**

Check if you're self-employed . . . . ☒

Preparer's name Robin W. Smith

PTIN Preparer PTIN

Preparer's signature

Date

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

EIN

Address

Preparer Firm Name or Self-Employed

Phone

89-7654321

City

123 Main St, San Francisco CA, 94106

State

123

ZIP code

(555) 444-3333



## Form 941-V, Payment Voucher

### Purpose of Form

Complete Form 941-V if you're making a payment with Form 941. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

### Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if**:

- Your total taxes after adjustments and nonrefundable credits (Form 941, line 12) for either the current quarter or the preceding quarter are less than \$2,500, you didn't incur a \$100,000 next-day deposit obligation during the current quarter, and you're paying in full with a timely filed return; or
- You're a monthly schedule depositor making a payment in accordance with the accuracy of deposits rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 941-V to make federal tax deposits.



**CAUTION** Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should've been deposited, you may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15.

### Specific Instructions

**Box 1—Employer identification number (EIN).** If you don't have an EIN, you may apply for one online by going to [www.irs.gov/EIN](http://www.irs.gov/EIN). You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

**Box 2—Amount paid.** Enter the amount paid with Form 941.

**Box 3—Tax period.** Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

**Box 4—Name and address.** Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period ("1st Quarter 2025," "2nd Quarter 2025," "3rd Quarter 2025," or "4th Quarter 2025") on your check or money order. Don't send cash. Don't staple Form 941-V or your payment to Form 941 (or to each other).

- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

**Note:** You must also complete the entity information above Part 1 on Form 941.

Detach Here and Mail With Your Payment and Form 941.

|  |  |  |  |                                     |
|--|--|--|--|-------------------------------------|
| <b>Form 941-V</b><br>Department of the Treasury<br>Internal Revenue Service  |  | <b>Payment Voucher</b>   |  | OMB No. 1545-0029                   |
|  |  | Don't staple this voucher or your payment to Form 941.   |  | <b>2025</b>                         |
| <b>1</b> Enter your employer identification number (EIN).<br><br>89 - 7654321  |  | <b>2</b> Enter the amount of your payment.<br>Make your check or money order payable to "United States Treasury."<br><br>\$12,345.67   |  | Dollars<br>Cents<br>\$12,<br>345.6- |
| <b>3</b> Tax Period<br><br><input checked="" type="radio"/> 1st Quarter<br><input type="radio"/> 2nd Quarter<br><input type="radio"/> 3rd Quarter<br><input type="radio"/> 4th Quarter |  | <b>4</b> Enter your business name (individual name if sole proprietor).<br>Business Name<br>Enter your address.<br>123 Main St<br>Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/county, and foreign postal code.<br>San Francisco CA, 94106 |  |                                     |