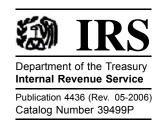
Revenue Procedure 2006-25

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Publication 4436

General Rules and Specifications for Substitute Form 941 and Schedule B (Form 941)



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Rev. Proc. 2006-25

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Section 1 – Purpose

- .01 The purpose of this publication is to provide general rules and specifications from the Internal Revenue Service (IRS) for paper and computer-generated substitutes for the January 2006 revision of Form 941, Employer's QUARTERLY Federal Tax Return, and Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors.

 Note. Substitute territorial forms (941-PR, 941-SS, and Anexo B (Forma 941-PR)) should also conform to the specifications outlined in this revenue procedure.
- **.02** This publication provides measurements and printing specifications for substitute Form 941 and Schedule B (Form 941). If you need more in-depth information on who must complete the forms and how to complete them, see the Instructions for Form 941 and Publication 15 (Circular E), Employer's Tax Guide, or visit the IRS website at *www.irs.gov*.
- .03 Forms should not be submitted to the IRS for specific approval. If you are uncertain of any specification and want clarification, do the following.
 - 1. Submit a letter citing the specification.
 - 2. State your understanding of the specification.
 - 3. Enclose an example (if appropriate) of how the form would appear if produced using your understanding.
 - 4. Use the following address. Be sure to include your name, complete address, phone number, and, if applicable, your email address with your correspondence.

Internal Revenue Service Attn: Substitute Forms Program SE:W:CAR:MP:T:T:SP, IR-6406 1111 Constitution Avenue, NW Washington, DC 20224 **Note.** Allow at least 30 days for the IRS to respond.

.04 However, software developers and form producers should send a blank copy of their substitute Form 941 and Schedule B (Form 941) in pdf format to <u>Victor.V.Martin@irs.gov</u>. The purpose is not specifically for approval but to assist the IRS in preparing to scan these forms. Submitters will only receive comments if a significant problem is discovered through this process. Submitters are not expected to delay marketing their forms in order to receive feedback. In no case should submitters include "live" taxpayer data.

Section 2 – What's New

- **.01** The 2006 revisions of Form 941 and Schedule B (Form 941) have six-digit Form ID codes instead of the four-digit codes used in 2005.
- **.02** The 2006 revision of Schedule B (Form 941) now includes a calendar year designation area near the top of the form.
- .03 There are new 6x10 grid layouts for the 2006 revisions.

Section 3 – General Requirements for Reproducing IRS Official Form 941 and Schedule B (Form 941)

- **.01 Do not** submit substitute Form 941 and Schedule B (Form 941) to the IRS for approval. Substitute Form 941 and Schedule B (Form 941) that **completely conform** to the specifications contained in this revenue procedure do not require prior approval from the IRS. Substitute forms filed with the IRS that do not conform may be returned.
- .02 Print the form on paper that is 8.5 inches wide by 11 inches deep.
- .03 Use white paper that meets generally-accepted weight, color, and quality standards (minimum 20 lb. white bond paper).
- **Note.** Reclaimed fiber in any percentage is permitted provided that the requirements of this standard are met.
- **.04** The IRS prefers printing Form 941 on both sides of a single sheet of paper, but it is acceptable to print on one side of each of two separate sheets of paper.
- .05 Make substitute paper forms as identical to the official IRS-printed forms as possible.
- **.06** Print using nonreflective black inks.
- **.07** Use typefaces that are substantially identical in size and shape to the official forms and use rules and shading that are substantially identical to those on the official forms.
- .08 Print the six-digit form ID codes in the upper right-hand corner of each form using nonreflective black, carbon-based, 12-point (minimum 10-point required) OCR-A font. Use the official paper over-the-counter IRS forms to develop your substitute paper forms. Print "950106" on page 1 of Form 941, "950206" on page 2 of Form 941, and "950306" on Schedule B (Form 941) of substitute paper forms. See Section 4 for form ID codes for software-generated forms.

Note. Maintain as much white space as possible around the form ID code. Do not allow character strings to print adjacent to the code.

- .09 Print the OMB number in the same location as on the official forms.
- .10 Print all entry boxes and checkboxes exactly as shown on the official forms.
- .11 Print your IRS-issued three-letter substitute form printer source code in the middle at the bottom of page 1 of Form 941.

Note. You can obtain a three-letter substitute form printer source code by requesting it by email at *taxforms@irs.gov. (The asterisk must be included in the address.) Please enter "Substitute Forms" on the subject line.

- **.12** Print "For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher" at the bottom of page 1 of Form 941.
- .13 Print "For Paperwork Reduction Act Notice, see separate instructions" at the bottom of Schedule B (Form 941).
- **.14** Do not print the form catalog number ("Cat. No.") at the bottom of the forms or instructions.
- .15 Do not print the Government Printing Office (GPO) symbol at the bottom of the forms or instructions.
- .16 See Exhibits A and B in Section 8.

Section 4 – Reproducing Form 941 and Schedule B (Form 941) for Software-Generated Paper Forms

- .01 You may use the 6x10 grid exhibits (C and D) at the end of this document to develop a software version of Form 941 and Schedule B (Form 941). Please follow the specifications exactly to develop the fields.
- .02 If you are developing software that is designed using the 6x10 grid in the exhibits, you may make the following modifications. See Exhibits C and D in Section 8.
 - Use "970106" for page 1 of Form 941, "970206" for page 2 of Form 941, and "970306" for Schedule B (Form 941) as the form ID codes.
 - **Note.** Maintain as much white space as possible around the form ID code. Do not allow character strings to print adjacent to the code.
 - Place all boxes and entry spaces in the same field locations as indicated in the 6x10 grid exhibits.
 - Use single lines for "Employer Identification Number" (EIN) and other entry areas in the entity section of page 1 of Form 941.
 - You do not need to use reverse type as shown on the IRS official form.
 - You do not need to pre-print decimal points in the data boxes. However, all amounts should be printed with decimal points and place holders for cents.
 - Use a single box for "state abbreviation" in line 14 of Form 941.

- Delete the pre-printed formatting in the "date" box for line 16 and in Parts 5 and 6 of Form 941.
- Delete the pre-printed formatting in the "Phone" box for Parts 4, 5, and 6.
- Use a single box for "Personal Identification Number (PIN)" in Part 4 of Form 941.
- You may delete all shading when using the 6x10 grid format.
- .03 If producing both the form and the data or the form only, print your three-letter IRS-issued form printer source code in Row 63, Columns 49-51 on page 1 of Form 941. See Section 3.11.
- **.04** If producing only the data on the form, print your four-digit software industry form code in Row 4, Columns 58-61 on page 1 of Form 941. See the National Association of Computerized Tax Processors (NACTP) website at www.nactp.org for information on these codes.
- **.05** Print "For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher" at the bottom of page 1 of Form 941.
- **.06** Print "For Paperwork Reduction Act Notice, see separate instructions" at the bottom of Schedule B (Form 941).
- .07 Do not print the form catalog number ("Cat. No.") at the bottom of the forms or instructions.
- .08 Do not print the Government Printing Office (GPO) symbol at the bottom of the forms or instructions.
- **.09** To enable accurate scanning and processing, enter data on Form 941 and Schedule B (Form 941) as follows:
 - Show name and EIN on all pages and attachments.
 - Use 12-point (minimum 10-point) Courier font (if possible).
 - Omit dollar signs, but use commas to show amounts.
 - Except for lines 1, 2, and 10, leave blank any data field with a value of zero.
 - Enter negative amounts with a minus sign.
 - **Note.** The IRS prefers that you use a minus sign for negative amounts instead of parentheses or some other means. The IRS will update the Instructions for Form 941 in 2007 to specify this preference.

Section 5 – OMB Requirements for Substitute Forms

- **.01** The Paperwork Reduction Act (the Act) of 1995 (Public Law 104-13) requires the following.
 - The Office of Management and Budget (OMB) approves all IRS tax forms that are subject to the Act.
 - Each IRS form contains the OMB approval number, if assigned. (The official OMB numbers may be found on the official IRS forms and are also shown on the forms in the exhibits.)

- Each IRS form (or its instructions) states:
 - 1. Why the IRS needs the information,
 - 2. How it will be used, and
 - 3. Whether or not the information is required to be furnished to the IRS.
- .02 This information must be provided to any users of official or substitute IRS forms or instructions.
- .03 The OMB requirements for substitute IRS forms are the following.
 - Any substitute form or substitute statement to a recipient must show the OMB number as it appears on the official IRS form.
 - For Form 941 and Schedule B (Form 941), the OMB number (1545-0029) must appear exactly as shown on the official IRS form.
 - For Form 941 and Schedule B (Form 941), the OMB number must use one of the following formats.
 - 1. OMB No. 1545-0029 (preferred) or
 - 2. OMB # 1545-0029 (acceptable).
- **.04** If no instructions are provided to users on your forms, you must furnish to them the exact text of the Privacy Act and Paperwork Reduction Act Notice.

Section 6 – Reproducible Copies of Forms

- .01 You can order official IRS forms and information copies of federal tax materials at local IRS offices or by calling the IRS National Distribution Center at 1-800-829-3676. Other ways to get federal tax material include the following.
 - The IRS website at www.irs.gov.
 - The IRS' CD-ROM (Publication 1796).
- **.02** The IRS also offers an alternative to downloading electronic files and provides current and prior year access to tax forms and instructions through its Federal Tax Forms CD-ROM. Order Publication 1796, IRS Federal Tax Products CD-ROM, by using the IRS website at www.irs.gov/cdorders or by calling 1-877-CDFORMS (1-877-233-6767).

Section 7 – Effect on Other Documents

.01 Revenue Procedure 2005-21, 2005-1 C.B. 899 (reproduced as Publication 4436, Rev. 4-2005) is superseded.

Section 8 – Exhibits

- **.01** Please follow the specifications indicated in the following exhibits to produce substitute Form 941 and Schedule B (Form 941).
- .02 These forms are subject to review and possible change as required. Therefore, employers are cautioned against overstocking supplies of privately-printed substitutes.
- **.03 Do not** submit substitute Form 941 and Schedule B (Form 941) to the IRS for approval. Substitute Form 941 and Schedule B (Form 941) that **completely conform** to

the specifications contained in this revenue procedure may be privately printed without prior approval from the IRS. Substitute forms filed with the IRS that do not conform may be returned. See Section 3 of this publication.

Exhibit A, Form 941 (Official Version)

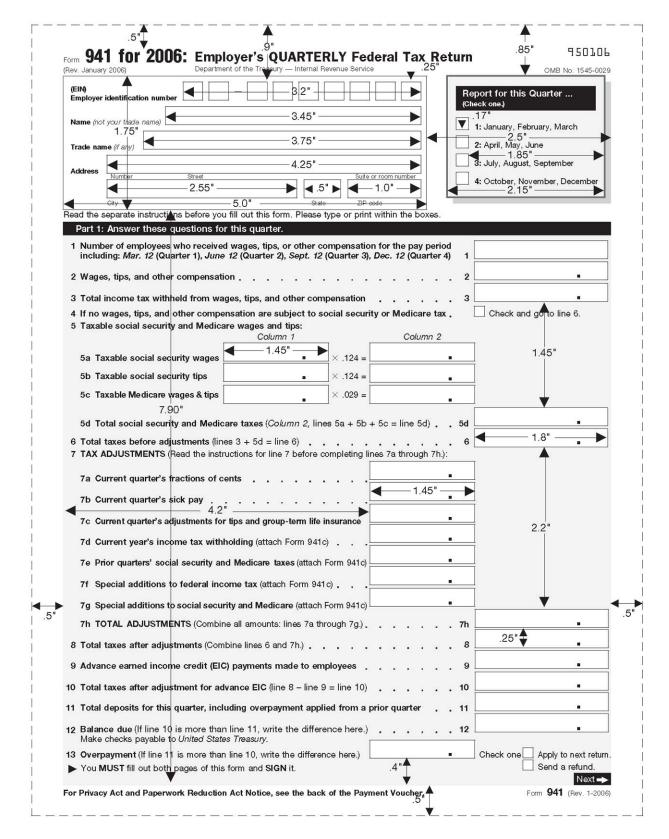


Exhibit A, Form 941 (Official Version) (continued)

Name (not your trade name)		▼	Employer identific	atan number (EIN)
		and tax liability for this qu hly schedule depositor or a		ositor see Pub. 15
(Circular E), section 1	1.			A7
	e the state abbreviation for osits in <i>multiple</i> states.	the state where you made	our deposits OR write "MU	" if you made your
15 Check one:	Line 10 is less than \$2,50	0. Go to Part 3.		
		dule depositor for the entir	e quarter. Fill out your tax	
	liability for each month. T	1.25"		
	Tax liability: Month 1			
	Month 2	1.8"	>	9.5"
	Month 3	•		Ĭ
1	Total liability for quarter	•	Total must equal line	10.
	You were a semiweekly s	schedule depositor for any Semiweekly Schedule Depos	part of this quarter. Fill ou	t Schedule B (Form 941):
Part 3: Tell us about		stion does NOT apply to y		
15 2/45 14 19 1	has closed or you stopped			. Check here, and
enterthefinaldatey	4	1.1"/		
107	NAME OF THE PARTY	not have to file a return fo	r every quarter of the year	. Check here.
	ak with your third-party d		erery quarter or are year	
	llow an employee, a paid tax	preparer, or another person	to discuss this return with t	the IRS? See the
Yes. Designed	e's name		— 5.5 " —	
Phone	(al Identification Number (PIN	1.4"
☐ No.	1,	1 1 61301	a identification radifiber (i ii	,
Part 5: Sign here. Y	ou MUST fill out both side	s of this form and SIGN it.		
	of perjury, I declare that I have nowledge and belief, it is true	ve examined this return, inclue, correct, and complete.	uding accompanying schedu	les and statements, and to
X Sign your name he	ora -	*	-5.9"	
Print name and tit	1.1"/	Dhara 🗐	2.0"	
Date		Phone (C)		
Paid Preparer's	eparers only <i>(optional)</i>			
Signature				
Firm's name				4 7C#
Address		3.6"	EIN	1.75"
		3.0	ZIP code	
Date		ione () -	SSN/PTIN	

Exhibit B, Schedule B (Form 941) (Official Version)

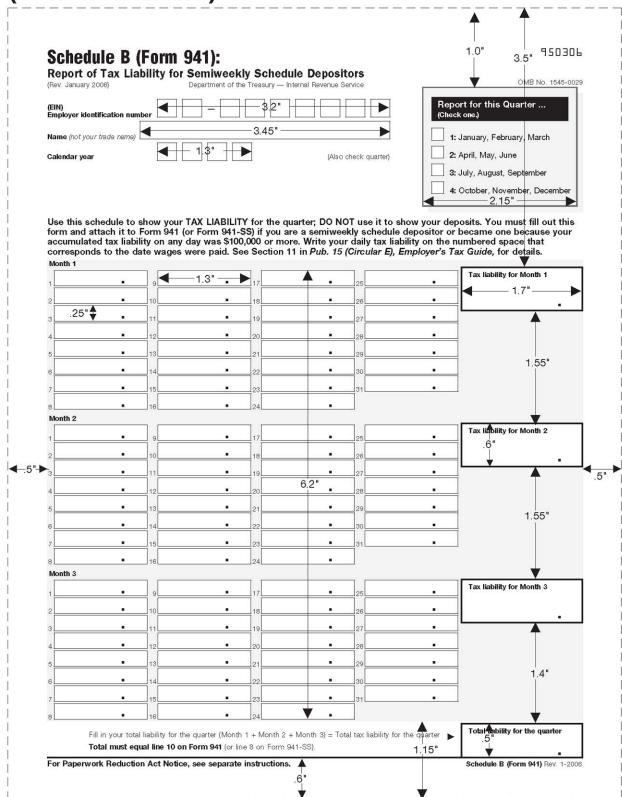


Exhibit C, Form 941 (6 x 10 Grid Version)

123	4 5 6 7	8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9	9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0	123456789012345
1				
2				
3		044 6 0000		
4		m 941 for 2006: Employer's QUARTERLY Federal () January 2006) Department of the Treasury Internal Revenue Service		970106
6	(EI		OMB No. 1545-0029 Report for this Quart	er (Check one.)
7	1-1-1-1	ployer identification number	1: January, Fe	
В				
9	1 1 1	me (not your trade name)	2: April, May,	lune
0	Tra	ide name (if any)		
1		dress	3: July, Augus	, September
3	Au	dress	4: October No	vember, December
4				
5				
6	- 1	Part 1: Answer these questions for this quarter. Number of employees who received wages, tips, or other compensation for the compensat	the pay period	
7		including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec.		
9	,	Wages, tips, and other compensation		
0	- f	wages, ups, and oner compensation.		
1	3	Total income tax withheld from wages, tips, and other compensation		
2				
3	4	If no wages, tips, and other compensation are subject to social security or N	ledicare tax Check and	go to line 6.
4	5	Taxable social security and Medicare wages and tips: Column 1	Column 2	
6		5a Taxable social security wages x .124 =		
7		A. E.		
8		5b Taxable social security tips x .124 =		
9				
0		5C Taxable Medicare wages & tips x .029 =		
1		5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c =	line 5d)	
3		Total social security and medicare taxes (column 2, intes 5a + 50 + 50 +	, iii 9u)	
4	6	Total taxes before adjustments (lines 3 + 5d = line 6)	6	
5	7	TAX ADJUSTMENTS (Read instructions for line 7 before completing lines 7a through 7h.):		
6		7a Current quarter's fractions of cents		
4		7b Current quarter's sick pay.		
9		70 Current quarters sick pay.		
0		7C Current quarter's adjustments for tips and group-term life insurance		
1				
2		7d Current year's income tax withholding (attach Form 941c)		
3		7e Prior quarters' social security and Medicare taxes (attach Form 941c)		
5		7e Prior quarters' social security and Medicare taxes (attach Form 941c)		
6		7f Special additions to federal income tax (attach Form 941c)		
7				
8		7g Special additions to social security and Medicare (attach Form 941c)		
9		***	7.	
4		7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.)	7h	
2	8	Total taxes after adjustments (Combine lines 6 and 7h.)		
3				
4	9	Advance earned income credit (EIC) payments made to employees	9	
5				
7	10	Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	
В	11	Total deposits for this quarter, including overpayment applied from a prior q	uarter	
9		3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
0	12	Balance due (If line 10 is more than line 11, enter the difference here.)	12	
1		Make checks payable to United States Treasury.		
2		Overpayment (If line 11 is more than line 10, enter the difference here.)	Check one Check one Form 941 (Rev. 1-2006)	Apply to next return.
4	For	Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher.	FUII 341 (MeV. 1-2006)	Send a refund.
5				
6				
$\perp \perp \perp$		1 3 4	5 6 7	8
11 2 13	14151617	B 9 9 14 2 3 4 5 6 7 8 9 9 1 1 2 3 4 5 6 7 8 9 9 1 2 3 4 5 6 7 8 9 9 9 9 9 9 9 9 9	19101112131415161718191011121314151617181910	11213141516171819101112131415

Exhibit C, Form 941 (6 x 10 Grid Version) (continued)

1 2 3 4	5 6 7
7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1	1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3
	+++++++++++++++++++++++++++++++++++++++
	970206
orm 941 (Rev. 1-2006) Page 2	
ame (not your trade name)	Employer identification number (EIN)
art 2: Tell us about your deposit schedule and tax lia	
you are unsure about whether you are a monthly schedule deposite tion 11.	tor or a semiweekly schedule depositor, see Pub. 15 (Circular E),
	ade your deposits OR enter "MU" if you made your deposits in multiple
states.	ade your deposits on effer two it you made your deposits in mortiple
5 Check one: Line 10 is less than \$2,500. Go to Part 3.	
You were a monthly schedule depositor for the	ne entire quarter. Fill out your tax liability
for each month. Then go to Part 3.	
	
Tax liability: Month 1	
Marin 2	
Month 2	
Month 3	
	
Total liability for quarter	Total must equal line 10.
You were a semiweekly schedule depositor for	or any part of this quarter. Fill out Schedule B (Form 941):
Report of Tax Liability for Semiweekly Schedule	Depositors, and attach it to this form.
art 3: Tell us about your business. If a question doe	s NOT apply to your business, leave it blank.
6 If your business has closed or you stopped paying wages	
enter the final date you paid wages 7 If you are a seasonal employer and you do not have to file a re-	turn for every quarter of the year Check here.
art 4: May we speak with your third-party designee?	ther person to discuss this return with the IRS? See instructions for details.
bo you want to allow an employee, a paid tax preparer, or another	ner person to discuss this return with the Ind : See institutions for details.
Yes. Designee's name	
Phone	Personal Identification Number (PIN)
No.	
art 5: Sign here. You MUST fill out both sides of this	s form and SIGN it.
	m, including accompanying schedules and statements, and to the best of my
knowledge and belief, it is true, correct, and complete.	
Sign your name here	
Print name and title	
Date Phone	
art 6: For PAID preparers only (optional)	
Paid Preparer's	
Signature	+++++++++++++++++++++++++++++++++++++++
Firm's name	
Address	EIN
(Indiana)	
	ZIP code
Date Phone	\$SN/PTIN
Check if you are self-employed.	

Exhibit D, Schedule B (Form 941) (6 x 10 Grid Version)

						2
Н	Schedule B	(Form 941): Penor	t of Tax Liability for Semiwee	My Schadula Danositors	OMB No. 1545-0029 970306	
Ш	Calendar Year	(1 Jilli J 1). Repor	Department of the Treasu	ry Internal Revenue Service	Report for this Quarter	
	Employer identific				1: January, February, March	6
	Name (not your tra Use this schedule	ide name) e to show your TAX LIABI	LITY for the quarter; DO NOT rm 941 (or Form 941-SS) if yo	use it to show your deposits.	2: April, May, June 3: July, August, September	7
	You must fill out t depositor or beca	this form & attach it to Fo me one because your acc	rm 941 (or Form 941-SS) if yo cumulated tax liability on any	u are a semiweekly schedule day was \$100,000 or more.	4: October, November, December	9
Ш	Enter your daily to Month 1	ax liability on the number	ed space that corresponds to	the date wages were paid.		1
Н		9	17	25	Tax liability for Month 1	1 2
				123		3
	2	10	18	26		4
+++	3	11	19	27		6
	, and the second					7
	4	12	20	28		8
	5	13	21	29		2
Ш				12		1
-	6	14	22	30		2
1	7	15	23	31		4
						5
-	8	16	24			6
Н	Month 2				1	8
	1	9	17	25	Tax liability for Month 2	9
		10	18	26		3
Ħ	2		10	140		2
	3	11	19	27		3
-	4	12	20	28		5
			120	126		6
	5	13	21	29		7
	6	14	22	30		9
				199		4
1	7	15	23	31		1
+++	8	16	24			3
	Month 3					4
	MOTION S	9	17	25	Tax liability for Month 3	5
Ш				125		7
Ш	2	10	18	26		8
+++	3	11	19	27		9
	3		19	12/		1
	4	12	20	28		2
+++	5	13	21	29		4
	ı y			129		5
	6	14	22	30		6
+++	7	15	23	31		8
Ш						9
\mathbb{H}	8 Fill in your	16 total liability for the guarter	24 (Month 1 + Month 2 + Month 3) - Total tay liability for the	Total liability for the quarter	6
			(Month 1 + Month 2 + Month 3 41 (or line 8 on Form 941-SS).	y - Total tax liability for the qua	i (e)	2
		eduction Act Notice, see s			Schedule B (Form 941) Rev. 1-2006	3
1						4