## Schedule R (Form 941): Allocation Schedule for Aggregate Form 941 Filers

OMB No. 1545-0029

			33 3			
(Rev. January 2012)					Donort for colo	
Department of the Trea	sury – Internal Revenue	Service			Report for cale	ndar year:
Employer identifica (EIN) Name as shown on Form 941	tion number				Check the quarter (s  1: January, Feb  2: April, May, J	•
Read the instructions before you complete Schedule R (Form 941). Type or print within the boxes. Complete a separate line for the amounts allocated to each of your clients.					3: July, August 4: October, No	, September vember, December
(-)	(1-)	(-)	(-1)	(-)	(6)	(-)

(a) Client's Emp Identificati Number (E	ion	(b) Wages, tips, and other compensation allocated to the listed client EIN from line 2 of Form 941	(c) Total income tax withheld from wages, tips, and other compensation allocated to the listed client EIN from line 3 of Form 941	(d) Total social security and Medicare taxes allocated to the listed client EIN from line 5d of Form 941	(e) Section 3121(q) Notice and Demand- Tax due on unreported tips allocated to the listed client EIN from line 5e of Form 941	(f) Total taxes after adjustments allocated to the listed client EIN from line 10 of Form 941	(g) Total deposits and COBRA payments from line 13 of Form 941 plus any payments made with the return allocated to the listed client EIN
1			-	•	•	•	-
2		-	-	-	-		-
3				-	. •		
4			-	•	•		
5		•		•			•
6			•		•		•
7				•			
8							
9					•		
10			-	•			
11		-	-	•	-		-
12		-	-	•	-		-
13			•	•	•		•
14		•	-	•	•		•
15			•	=	•	=	•
16 Subtotals to clients. Ad amounts or 1 through 1	dd all n lines						
17 Enter the combined subtotal fro 26 of all Continuation Sheets for Schedule F (Form 941)	om line on R			-	-	•	-
18 Enter Form amounts for employees	or your			•		•	-
19 Totals. Add 16, 17, and The column totals must match the related line the aggreg Form 941	d 18. in t es on	-	-	-	-		-

## **Continuation Sheet for Schedule R (Form 941)**

(Rev. January 2012)

Employer identification number	
Name as shown on Form 941	

Report for calendar year:				
Check the quarter (same as Form 9	941):			
1: January, February, March				
2: April, May, June				
3: July, August, September				
4: October, November, Decem	nber			

(a) Client's Employer Identification Number (EIN)	(b) Wages, tips, and other compensation allocated to the listed client EIN from line 2 of Form 941	(c) Total income tax withheld from wages, tips, and other compensation allocated to the listed client EIN from line 3 of Form 941	(d) Total social security and Medicare taxes allocated to the listed client EIN from line 5d of Form 941	(e) Section 3121(q) Notice and Demand- Tax due on unreported tips allocated to the listed client EIN from line 5e of Form 941	(f) Total taxes after adjustments allocated to the listed client EIN from line 10 of Form 941	(g) Total deposits and COBRA payments from line 13 of Form 941 plus any payments made with the return allocated to the listed client EIN
1	-	-		-		•
2	-	-		-		•
3	-	-		-		•
4		-		-		-
5	-	-		=	•	•
6		-		-		•
7	-	•				•
8						•
9						•
10					•	-
11					•	-
12					•	-
13					•	-
14				•	•	•
15	•	•	•	•	•	•
16				•	•	•
17	•	•		•		•
18	•	-	•	•	•	•
19	•	•	•	•	•	•
20	•	•	•	•	•	•
21	-	-	•	•	•	•
22	-	-	•	-		•
23	-	-	•	-		•
24	-	-	•	-		•
25	-	-	•	-	•	•
26 Subtotals for clients. Add lines 1 through 25. Include the subtotals from line 26 on line 17 of Schedule R (Form 941)						