

Employer identification number (EIN) 54-1902788

Name (not your trade name) Mitchells Complete Upholstery Inc

Trade name (if any) _____

Address 204 Great Bridge Blvd
Chesapeake VA 23320

Report for this Quarter of 2015
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Instructions and prior-year forms are available at www.irs.gov/form941.

QBMT2901 03/23/15 FW2

Read the separate instructions before you complete Form 941. 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 9

2 Wages, tips, and other compensation 2 70,975.82

3 Federal income tax withheld from wages, tips, and other compensation 3 6,130.00

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
5 a Taxable social security wages	<u>70,975.82</u>	x .124 =	<u>8,801.00</u>
5 b Taxable social security tips		x .124 =	
5 c Taxable Medicare wages & tips	<u>70,975.82</u>	x .029 =	<u>2,058.30</u>
5 d Taxable wages & tips subject to Additional Medicare Tax withholding		x .009 =	
5 e Add Column 2 from lines 5a, 5b, 5c, and 5d			<u>10,859.30</u>
5 f Section 3121(q) Notice and Demand – Tax due on unreported tips (see instructions)			
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			<u>16,989.30</u>
7 Current quarter's adjustment for fractions of cents			<u>0.02</u>
8 Current quarter's adjustment for sick pay			
9 Current quarter's adjustments for tips and group-term life insurance			
10 Total taxes after adjustments. Combine lines 6 through 9			<u>16,989.32</u>
11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter			<u>16,989.32</u>
12 Balance due. If line 10 is more than line 11, enter difference and see instructions			
13 Overpayment. If line 11 is more than line 10, enter difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

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

Next ▶

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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 Pub. 15 (Circular E), section 11.

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 semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[X] 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	6,028.60
	Month 2	4,937.36
	Month 3	6,023.36

Total liability for quarter 16,989.32 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 Schedule 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 instructions for details.

[] Yes. Designee's name and phone number _____

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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

Print your name here _____

Print your title here _____

Date _____

Best daytime phone _____

Paid Preparer Use Only

Check 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 _____

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

970311

Calendar Year 2015

Department of the Treasury— Internal Revenue Service

Report for this Quarter

Employer identification number 54-1902788

Name (not your trade name) Mitchells Complete Upholstery Inc

- 1: January, February, March
- 2: April, May, June
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- 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 or Form 941-SS, DO NOT change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Month 1

1 _____	9 _____	1,168.28	17 _____	25 _____
2 _____	1,168.26	10 _____	18 _____	26 _____
3 _____	11 _____	19 _____	27 _____	
4 _____	12 _____	20 _____	28 _____	
5 _____	13 _____	21 _____	29 _____	1,264.76
6 _____	14 _____	22 _____	1,264.86	30 _____
7 _____	1,162.44	23 _____	31 _____	
8 _____	16 _____	24 _____		

Tax liability for Month 1
6,028.60

Month 2

1 _____	9 _____	17 _____	25 _____	1,225.56
2 _____	10 _____	18 _____	26 _____	
3 _____	11 _____	19 _____	27 _____	
4 _____	12 _____	20 _____	1,255.82	28 _____
5 _____	1,197.44	21 _____	29 _____	
6 _____	1,258.54	22 _____	30 _____	
7 _____	15 _____	23 _____	31 _____	
8 _____	16 _____	24 _____		

Tax liability for Month 2
4,937.36

Month 3

1 _____	9 _____	17 _____	25 _____	
2 _____	10 _____	18 _____	1,219.94	26 _____
3 _____	1,201.88	19 _____	27 _____	
4 _____	1,248.96	20 _____	28 _____	
5 _____	13 _____	21 _____	29 _____	
6 _____	14 _____	22 _____	30 _____	
7 _____	15 _____	23 _____	1,225.08	31 _____
8 _____	16 _____	24 _____		1,127.50

Tax liability for Month 3
6,023.36

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►

Total liability for the quarter
16,989.32

Total must equal line 10 on Form 941 or Form 941-SS.

Filing and Printing Instructions

FEDERAL QUARTERLY FORM 941/SCHEDULE B

Name

Mitchells Complete Upholstery Inc

Address

204 Great Bridge Blvd

City, State, and ZIP Code

Chesapeake, VA 23320

INSTRUCTIONS FOR FILING YOUR PAYROLL TAX RETURN

Please file your federal 941 return by 02/01/2016. If filing by mail send your return to the following address:

Department of the Treasury

Internal Revenue Service

Cincinnati, OH 45999-0005

Remember to sign and enter required information in the signature line.

SPECIAL INSTRUCTIONS FOR EXEMPT ORGANIZATIONS OR NO LEGAL ADDRESS

If your business has no principal legal residence or place of business in any state, please mail your return to:

Internal Revenue Service

P.O. Box 409101

Ogden, UT 84409

If you are filing this return for an exempt organization or government entity, please mail your return to:

Department of the Treasury

Internal Revenue Service

Ogden, UT 84201-0005

Remember to sign and enter required information in the signature line.

PRINTING AND FILING INSTRUCTIONS

The printed form may look different from the form provided by the U.S. government. However, the format has been approved by the U.S. government as long as you print the form with black ink on white bond 8-1/2-in x 11-in sized paper of at least 20 lb weight.

Please staple multiple sheets in the upper left corner when filing.

KEEP THIS PAGE FOR YOUR RECORDS -- DO NOT MAIL.