Form **941-SS for 2020:**

(Rev. July 2020)

Employer's QUARTERLY Federal Tax Return

American Samoa, Guam, the Commonwealth of the Northern

Departr	nent of the Treasury - Internal Revenue Serv	rice Mariana	Islands, and the U.	S. Virgin Islands	OMB No. 1545-0029
Emplo	oyer identification number (EIN)				eport for this Quarter of 2020 neck one.)
Name	e (not your trade name)	1: January, February, March			
		2: April, May, June			
Trade	e name (if any)	3: July, August, September			
Addr	ess	4: October, November, December			
	Number Street		Suite or room n	GO	to www.irs.gov/Form941SS for
					ructions and the latest information.
	City	St	tate ZIP code	e	
	Foreign country name	Foreign province/county	y Foreign postal	code	
Read t	he separate instructions before you c				
-	1: Answer these questions for the				
1	Number of employees who receiv				
2	including: Sept. 12 (Quarter 3) or I	Dec. 12 (Quarter 4)			. 1
3					
4	If no wages, tips, and other comp	ensation are subject to a	social security or	Medicare tax	Check and go to line 6.
		Column 1	,,,,,	Column 2	
5a	Taxable social security wages		× 0.124 =		
ou	Taxable Social Sociality Hages	-			
5a	(i) Qualified sick leave wages	•	× 0.062=		
5a	(ii) Qualified family leave wages	•	× 0.062 =		
5b	Taxable social security tips		× 0.124 =		
5c	Taxable Medicare wages & tips		× 0.029 =		
5d	Taxable wages & tips subject to				
	Additional Medicare Tax withholding		× 0.009 =		
5e	Total social security and Medicare	taxes. Add column 2 from	ı lines 5a, 5a(i), 5a(ii	i), 5b, 5c, and 5d	. 5e 🕒
5f	Section 3121(q) Notice and Dema	nd—Tax due on unrepor	ted tips (see instru	uctions)	. 5f
6	Total taxes before adjustments. A	dd lines 5e and 5f			. 6
7	Current quarter's adjustment for t	ractions of cents			. 7
8	Current quarter's adjustment for s	sick pay			. 8
9	Current quarter's adjustments for	tips and group-term life	insurance		. 9
10	Total taxes after adjustments. Con	mbine lines 6 through 9			. 10
11a	Qualified small business payroll tax	credit for increasing rese	earch activities. Att	tach Form 8974	. 11a 💶
11b	Nonrefundable portion of credit for	qualified sick and family	leave wages from	Worksheet 1 .	. 11b
11c	Nonrefundable portion of employee	retention credit from Wo	rksheet 1		. 11c 🛛
	► You MUST complete all three pa	ages of Form 941-SS an	d SIGN it.		Next -

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 17016Y

Name (not your trade name)

Part	1: Answer these qu	uestions for	this quarter	(continued)					
11d	Total nonrefundable			· · · · ·			11d	•	
12	Total taxes after adj	ustments and	d nonrefund	able credits. Subt	act line 11d fror	m line 10	12	■	
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 944-X, or 944-X (SP) filed in the current quarter 13a								
13b	Deferred amount of social security tax								
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c								
13d	Refundable portion of employee retention credit from Worksheet 1								
13e	Total deposits, defe	rrals, and ref	undable cre	dits. Add lines 13a	, 13b, 13c, and ⁻	13d	13e		
13f	Total advances rece	eived from fili	ng Form(s) 7	200 for the quarte	er		13f		
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e 13g								
14	Balance due. If line 1	12 is more tha	n line 13a. er	iter the difference a	and see instructi	ons	14	•	
15			0,		•	Check one:	Apply	to next return. Send a refund.	
	15 Overpayment. If line 13g is more than line 12, enter the difference Check one: Apply to next return. Send a refund. 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 8 of Pub. 80.								
16	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.								
	Та	ax liability:	Month 1		•				
			Month 2						
			Month 3						

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-SS. Go to Part 3.

Total must equal line 12.

► You MUST complete all three pages of Form 941-SS and SIGN it.

Total liability for quarter

Next ∎►

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Name (not you	ur trade name	e)						Employer iden	tification number (EIN)
Part 3: T	Foll us abo		r husingss If	a question d		pply to your b	ueineee	leave it bla	nk
		-		stopped payir					Check here, and
ente	er the final o	date you	ı paid wages	/ /	; als	o attach a stat	ement to	your return. S	ee instructions.
18 If yo	ou're a sea	isonal e	mployer and	you don't have	e to file a re	eturn for every	quarter o	of the year .	Check here.
19 Qua	alified heal	th plan	expenses allo	cable to quali	fied sick le	ave wages .		19	-
20 Qua	alified heal	th plan	expenses allo	cable to quali	fied family	leave wages		20	-
21 Qua	alified wag	es for tl	ne employee i	retention cred	it			21	•
22 Qua	alified healt	th plan e	expenses allo	cable to wages	s reported o	on line 21 .		22	-
23 Cree	dit from Fo	orm 588	4-C, line 11, f	or this quarte	r			23	•
24 Defe	erred amo	unt of t	he employee	share of socia	I security ta	ax included on	n line 13b	24	
25 Res	served for f	future u	se					25	-
Part 4: N	May we en	oak wi	th your third-	party design	202				
Do		t to allo	w an employe	• • •		r another pers	on to dise	cuss this retu	Irn with the IRS? See the
	7			hono number					
	_ res. D	esignee	's name and p	none number					
	S No.	elect a 5	5-digit persona	l identification	number (PII	N) to use when	talking to	the IRS.	
Part 5: S		You M	UST complet	e all three pa	ges of For	m 941-SS and	d SIGN it		
		3 /			, 0			,	and to the best of my knowledge ch preparer has any knowledge.
	•		r				Drin	it your	
	Sign yo							ne here	
	name h	iere						it your here	
	ſ	Date	/ /	/				t daytime pho	ne
Paid Pr	reparer U	lse On	ly					Check if you'i	re self-employed
Preparer's r	name							PTIN	
Preparer's s	signature							Date	/ /
Firm's name if self-emplo								EIN	
Address								Phone	
City						State		ZIP code	
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Form 941-V(SS), **Payment Voucher**

Purpose of Form

Complete Form 941-V(SS) if you're making a payment with Form 941-SS. 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-SS

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

 Your total taxes after adjustments and nonrefundable credits (Form 941-SS, 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 guarter, 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 8 of Pub. 80 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 8 of Pub. 80 for deposit instructions. Don't use Form 941-V(SS) to make federal tax deposits.



Use Form 941-V(SS) when making any payment with Form 941-SS. However, if you pay an amount with Form 941-SS that should've been deposited, you may be subject to a penalty. See Deposit Penalties in section 8 of Pub. 80.

Specific Instructions

Box 1-Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at 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-SS, write "Applied For" and the date you applied in this entry space.

Box 2-Amount paid. Enter the amount paid with Form 941-SS.

Box 3-Tax period. Darken the circle identifying the guarter 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-SS.

• Enclose your check or money order payable to "United States Treasury." Be sure to enter your EIN, "Form 941-SS," and the tax period ("1st Quarter 2020," "2nd Quarter 2020," "3rd Quarter 2020," or "4th Quarter 2020") on your check or money order. Don't send cash. Don't staple Form 941-V(SS) or your payment to Form 941-SS (or to each other).

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

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

S	~	ss. ▼		-~~				
E 941-V(SS) Department of the Treasury Internal Revenue Service ► Do			► De	on't	Payment Voucher t staple this voucher or your payment to Form 941-SS.		OMB No. 154	45-0029 20
1	Enter your employer ide number (EIN).	entification		2	Enter the amount of your payment. Make your check or money order payable to "United States Treasury"	Dolla	rs	Cents
3	Tax Period 1st Quarter	0	3rd Quarter	4	Enter your business name (individual name if sole proprietor).			
	2nd Quarter	0	4th Quarter		Enter your city, state, and ZIP code; or your city, foreign country name,	foreign province/co	unty, and foreign	postal code.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on Form 941-SS to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941-SS is used to determine the amount of the taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner or provide false or fraudulent information, you may be subject to penalties.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941-SS will vary depending on individual circumstances. The estimated average time is:

Recordkeeping	hr.,	32 min.				
Learning about the law or the form		24 min.				
Preparing, copying, assembling, and sending the form to the IRS		39 min.				
If you have comments concerning the accuracy of						

these time estimates or suggestions for making Form 941-SS simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/FormComments.* Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form 941-SS to this address. Instead, see *Where Should You File?* in the Instructions for Form 941-SS.