Form **941-SS for 2015:**(Rev. January 2015)
Department of the Treasury - Internal Program Employer's QUARTERLY Federal Tax Return

American Samoa, Guam, the Commonwealth of the Northern

Mariana Islands, and the U.S. Virgin Islands

Departr	nent of the Treasury — Internal Revenue Serv	ice Ivialiana i	sianus, and the	, U.S. Virgin	isiailus	OMB No. 1545-0029			
Emplo	oyer identification number (EIN)				Report 1 (Check on	for this Quarter of 2015 e.)			
Name	e (not your trade name)		1: January, February, March						
l					2: Ap	ril, May, June			
Trade	e name (if any)		3: July, August, September						
Addr			4: Oc	tober, November, December					
	Number Street	om number	Instructions and prior year forms are available						
	City	Sta	ate ZIP	code	at www.irs.gov/form941ss.				
	Foreign country name	Foreign province/county	Foreign po	ostal code					
Read t	the separate instructions before you c	complete Form 941-SS. Ty	pe or print with	nin the boxe	S.				
	1: Answer these questions for the								
1	Number of employees who receive including: <i>Mar. 12</i> (Quarter 1), <i>Jun</i>	•	•		•				
2	including. War. 12 (Quarter 1), Jun	e 12 (Quarter 2), Sept. 12	: (Quarter 3), c	71 Dec. 12 (C	Quarter 4) i				
3									
4	If no wages, tips, and other comp	ensation are subject to s	ocial security	or Medicar	e tax	Check and go to line 6.			
		Column 1		Colun	nn 2				
5a	Taxable social security wages		× .124 =						
5b	Taxable social security tips	•	× .124 =						
5с	Taxable Medicare wages & tips	•	× .029 =		•				
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× .009 =						
5e	Add Column 2 from lines 5a, 5b, 5	c, and 5d			5e	-			
5f	Section 3121(q) Notice and Demai	nd—Tax due on unreport	t ed tips (see in	structions)	5f				
6	Total taxes before adjustments. A	dd lines 5e and 5f			6				
7	Current quarter's adjustment for f	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								
10	Total taxes after adjustments. Combine lines 6 through 9								
11	Total deposits for this quarter, incoverpayments applied from Form					•			
12	Balance due. If line 10 is more than	line 11, enter difference a	nd see instruct	tions	12				
13	Overpayment. If line 11 is more than line	10, enter difference		Chec	k one: Appl	y to next return. Send a refund.			
	► You MUST complete both page	s of Form 941-SS and SI	GN it.			Next ■ ▶			

Name (not your trade name	e)						Employer identi	fication number (EIN)				
Part 2: Tall us abo	out vou	ır donosit sa	hodulo and t	av liability fo	or this quart	or						
Part 2: Tell us about If you are unsure about	bout wh						y schedule depo	esitor, see Pub. 80				
(Circular SS), section 14 Check one:		o 10 on this	roturn io loco	than \$2 500	or lino 10 on	the retur	n for the prior au	uarter was loss than \$2 500				
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 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.										
	Ta	x liability:	Month 1		•							
			Month 2									
			Month 3									
Г	Total liability for quarter							Fotal 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-SS.												
Part 3: Tell us abo	out you	r business.	If a question	does NOT a	pply to your	busines	s, leave it blanl	(.				
15 If your busine	ss has	closed or yo	u stopped pa	ying wages .				Check here, and				
enter the final	-	_										
					return for e	very quar	ter of the year	Check here.				
Part 4: May we sp		-										
_	want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the ons for details.											
Yes. D												
	Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.											
No.		•		·	·	_						
Part 5: Sign here.	You M	UST comple	ete both pag	es of Form 9	41-SS and S	SIGN it.						
								nd to the best of my knowledge n preparer has any knowledge.				
•						□ Dr	int your					
Sign you name h			na	ame here								
name i	iere						int your le here					
	Date					 B∈	est daytime phon	e				
Paid Preparer U	Jse On	nly					Check if you ar	e self-employed				
Preparer's name							PTIN					
Preparer's signature							Date					
Firm's name (or yours if self-employed)							EIN					
Address							Phone					
City .					01-1-		7ID 6					
City					State		ZIP code					

Page **2** Form **941-SS** (Rev. 1-2015)

Form 941-V(SS), Payment Voucher

Purpose of Form

Complete Form 941-V(SS), Payment Voucher, if you are making a payment with Form 941-SS, Employer's QUARTERLY Federal Tax Return. 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 for either the current quarter or the preceding quarter (Form 941-SS, line 10) are less than \$2,500, you did not incur a \$100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 8 of Pub. 80 (Circular SS), Federal Tax Guide for Employers in the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, 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 (Circular SS) for deposit instructions. Do not use Form 941-V(SS) to make federal tax deposits.

Caution. 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 have been deposited, you may be subject to a penalty. See Deposit Penalties in section 8 of Pub. 80 (Circular SS).

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and type "EIN" in the search box. You may also apply for an EIN by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. If you have not 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 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-SS.

- Enclose your check or money order payable to the "United States Treasury." Be sure to enter your EIN, "Form 941-SS," and the tax period on your check or money order. Do not send cash. Do not 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.



▼ Detach Here and Mail With Your Payment and Form 941-SS. ▼



E 941-V(SS) Department of the Treasury Internal Revenue Service ▶ Do			o no	Payment Voucher t staple this voucher or your payment to Form 941-SS.	OMB No. 1545-0029				
Enter your employer identification number (EIN).			2	Dollars Enter the amount of your payment. ► Make your check or money order payable to "United States Treasury"					
3 Tax period			4	Enter your business name (individual name if sole proprietor).					
1st Quarter	0	3rd Quarter		Enter your address.					
2nd Quarter	0	4th Quarter		Enter your city, state, and ZIP code or your city, foreign country name, f	oreign province/cou	ınty, and foreign ı	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 are 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:

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/formspubs. Click on More Information and then click on Give us feedback. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941-SS to this address. Instead, see Where Should You File? in the Instructions for Form 941-SS.