## FORM 941 V.I.

(REV. 11/2003

Government of the U. S. Virgin Islands BUREAU OF INTERNAL REVENUE	Employer's Quarterly Virgin Islands Tax Return (Refer to Publication 15 or the Circular E for filing Requirements - see reverse for instructions)
Employer Identification Number (EIN)  Name (as distinguished from tradename)	200
D/B/A	
Mailing Address	
City	State Zip Code
A. Indicate your principal business activity code (SEE F	REVERSE): Indicate Firm Type:
B. If you do not have to file returns in the future, check her	
and enter date final wages were paid (mm dd yy)	Partnership
C. If you are a seasonal employer, check here	
1.) Number of Employees (except household) employed during	the quarter. Corporation
2.) Total Wages, Tips, plus other compensation	2
	quarter, check only one
3.) Total income tax withheld from wages, tips, & sick pay	3
4.) Adjustment of withheld income tax for preceding quarters of calendar year	4 JAN-FEB-MAR) Ends: MAR. 31
5.) Adjusted total of income tax withheld (line 3 adjusted by line 4)	5 Due: APR. 30
6.) Advanced earned income credit (EIC) payments made to employees, if any	6   Carlon   Carlon
7.) <b>NET TAXES</b> (subtract line 6 from line 5) <b>THIS SHOULD</b>	Due: JUL. 31
EQUAL LINE 11 COLUMN(D) BELOW	7
8.) <b>Total deposits</b> for the quarter, including overpayment applied from prior quarter	8 Due: OCT. 31
9.) Balance Due to be paid with this return (7-8)	9
10.) Overpayment, if line 8 is more than line 7, enter excess \$ here	Ends: DEC. 31 Due: JAN 31
And check it to be. Tapplied to hext return of Theranded.	
11.) MONTHLY SUMMARY OF TAX LIAE  (a) 1st month liability (b) 2nd month liability (c) 3rd month	(DT 4 II 177 C INSTRUCTIONS RECARDING LINES
	Ouarter 11, 12, & 13
\$ \$	<u> </u>
10) MONEYH Y GOLEDI'H E OE DAYDAYG	13.) RECORD OF TAX DEPOSITS
12.) MONTHLY SCHEDULE OF PAYDAYS  First Month Second Month Third Month	Date Amount Date Amount Date Amount WK1
Sat-Tue Wed-Fri Sat-Tue Wed-Fri Sat-Tue Wed-Fri	WK2
WK1	WK3
WK3	WK4
WK5	WK5
I declare under penalties of perjury that I have examined this return (including the accompanying schedules and statements) and to the best of my knowledge and belief is true, correct, and complete.	
NAME:	(PRESIDENT, OWNER, ETC.)
SIGNATURE:	DATE: Telephone: _()