

October 21, 2014

Tax Year 2015  
941-SS ATS Scenario 5  
Baba Rose  
Azalea Accounting Services  
00-3999999

Forms Included in Scenario 5

- Form 941-SS

The return is for Sole Proprietor with no balance due or overpayment. This return uses the Practitioner Pin Signature method.

Employer identification number (EIN)   -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**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/form941ss](http://www.irs.gov/form941ss).

Read the separate instructions before you complete Form 941-SS. 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), or Dec. 12 (Quarter 4) 1

2

3

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
5a Taxable social security wages	<input type="text" value="3,000.00"/>	× .124 =	<input type="text" value="."/>
5b Taxable social security tips	<input type="text" value="150.00"/>	× .124 =	<input type="text" value="."/>
5c Taxable Medicare wages & tips	<input type="text" value="3,150.00"/>	× .029 =	<input type="text" value="."/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="150.00"/>	× .009 =	<input type="text" value="."/>
5e Add Column 2 from lines 5a, 5b, 5c, and 5d			<input type="text" value="."/>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			<input type="text" value="."/>
6 Total taxes before adjustments. Add lines 5e and 5f			<input type="text" value="."/>
7 Current quarter's adjustment for fractions of cents			<input type="text" value="."/>
8 Current quarter's adjustment for sick pay			<input type="text" value="."/>
9 Current quarter's adjustments for tips and group-term life insurance			<input type="text" value="."/>
10 Total taxes after adjustments. Combine lines 6 through 9			<input type="text" value="."/>
11 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.			<input type="text" value="483.30"/>
12 Balance due. If line 10 is more than line 11, enter difference and see instructions			<input type="text" value="."/>
13 Overpayment. If line 11 is more than line 10, enter difference	<input type="text" value="."/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

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

Next ►

Name (not your trade name)

Baba Rose

Employer identification number (EIN)

00-3999999

**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. 80 (Circular SS), section 8.

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.

Tax liability:	Month 1	<input type="text"/>	.
	Month 2	<input type="text"/>	.
	Month 3	<input type="text"/>	.

Total liability for quarter  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-SS.

**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 the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

No.

**Part 5: Sign here. You MUST complete both pages of Form 941-SS 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