		OTC 5			
cycle update?	I.R.S. SPECIFICATIONS TO PRINTERS	O BE REMOVED BEFORE PRINTING	Action	Date	Signature
	FORM 941-SS, PAGE 1 of 4 (OTC) MARGINS: TOP 13 mm (½") CENTER SIDI PAPER: WHITE, WRITING, SUB, 20	ES. PRINTS: HEAD TO HEAD	O.K. to print		
	FLAT SIZE: 216 mm (8½ ") x 279 mm (11") PERFORATE: NONE		Revised proofs		

OK-to-	Print .	As Corrected				nulative nges				leviewed by lomments in) Edits (deletions) in i	red.
	(Rev. A	941-SS April 2010) tment of the Trea			Ame	rican Samoa	QUARTE a, Guam, the a Islands, and	Commonwe	ealth of the	e Northern	turn	OMB No. 1545-0	0029
	(EIN	l) ployer identificat	ion numb	per [Quarter of 2010	
	Nan	ne (not your trade	name)							(Check	·	bruant Marab	
	Trac	de name (if any)						0			April, May,	bruary, March June	
	Add	Number City		Street			State	Suite or room n	umber	3:	July, Augus	t, September ovember, Decembe	·r
		the separate							n the boxe	s.			
		art 1: Answei Number of ei including: <i>Ma</i> i	nployee	s who recurrently, Ju	eived wages	, tips, or other 2), Sept. 1	(Quarter 3) Delete "6		(Quarter 4	d boxes	1	elete period	
	5b	If no wages, Taxable soci Taxable Medi	al secu	andrity wages	· \	are subject Column 1	* .1 * .1	24 = 24 = 229 = 29 = 20	Columr		quarter to qual on lines exemp	eck and go to line rt wages/tips for thi including those pa- itied new employee 52-5c. Your liability tt wages/tips will buced on line 6d (see instructions).	is aid es, / for e
anges		Add Column			n 2 line 5b	Column 2 I	ine 5c	. J		5	d		
6a/b ould lp fix nt, which different m other		Number of qual	·		•			6a 6b			of "qua	ructions for definition if the definition is a second control of the d	
es.		Exempt wage		-		•				.062 = 6		•	_
		Total taxes b						bold from elete "s" fı	~ ~	s" and		-	_
		Current quar		-		of cents		period at t longer tha					=
		Current quart		-		roun-term lit		.ongo. uno		7			=
d	8	Total taxes a	-			•					8		
	9 10				"12a" and See Form 9			Н					
	11	Total deposit	s, inclu	ding prior	quarter ove	rpayments		- .		1	1		
	12a	COBRA pren	nium as	sistance p	ayments (se	e instruction	ns) . endasi	1 .		1	2a		
	12b	Number of in	dividua	ls provide	d COBRA p	remium ass	istance /.	12 b		\rightarrow		te lines 12c, 12d, a for the 2nd quarte	
	12c	Number of qu	alified e	mployees p	aid exempt v	vages/tips N	larch 19431	12e				2010.	
	12d	Exempt wage	s/tips pa	aid to quali	fied employe	es March 19	-31		x	.062 = 1	2e		_
	13	Add lines 11,	12a, aı	nd 12e			endas	sh · ·		1	3		_
	14	Balance due.	If line 8	3 is more th	nan line 13, e	enter differer	nce and see i	nstructions		1	4		
	15	Overpayment. You MUST					d SIGN it.		Check	one: App	oly to next re	eturn. Send a ref	

I.R.S. SPECIFICATIONS TO BE REMOVED BEFORE PRINTING

I.R.S. SPECIFICATIONS
INSTRUCTIONS TO PRINTERS
FORM 941-SS, PAGE 1 of 4 (Mailout)
MARGINS: TOP 13 mm (%") CENTER SIDES.
PAPER: WHITE, WRITING, SUB. 20
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PERFORATE: NONE

DO NOT PRINT — DO NOT PRINT — DO NOT PRINT — DO NOT PRINT

See previous form for changes

Make same changes as noted on page 1.

941-SS for 2010:	Employer's QUARTER			
(Rev. April 2010) Department of the Treasury — Internal Revenue S	American Samoa, Guam, the Cor Service (77) Mariana Islands, and the		iern	OMB No. 1545-0029
		R	eport 1	for this Quarter of 2010
		(C	heck on	e.)
		G	1: Ja	nuary, February, March
	A	03 [2: Ap	oril, May, June
	CA		3: Ju	ly, August, September
			4: Oc	ctober, November, December
		11		
Read the separate instructions before your Part 1: Answer these questions for		nt within the boxes.		
	ed wages, tips, or other compensation	on for the pay period		
	12 (Quarter 2), Sept. 12 (Quarter 3), or		1	
2				
3				
4 If no wages, tips, and other comp	ensation are subject to social secur	ity or Medicare tax		Check and go to line 6e
	Column 1 × .124	Column 2		*Report wages/tips for this quarter, including those paid
5a Taxable social security wages*	× .124	-	\dashv	to qualified new employees, on lines 5a-5c. Your liability for
5b Taxable social security tips* .	× .029		=	exempt wages/tips will be reduced on line 6d (see
5c Taxable Medicare wages & tips*	× .029			instructions).
5d Add Column 2 line 5a, Column 2	line 5b, Column 2 line 5c		5d	
6a Number of qualified employees first paid	d exempt wages/tips this quarter . 6a	·		See instructions for definitions of "qualified employees" and
6b Number of qualified employees paid	exempt wages/tips this quarter . 6b	,		"exempt wages/tips."
6c Exempt wages/tips paid to qualifie	d employees this quarter	x .062 =	= 6d	
6e Total taxes before adjustments (I	ines 5d - line 6d = 6e.)		6e	•
7a Current quarter's adjustment for	fractions of cents		7a	
7b Current quarter's adjustment for			7b	
7c Current quarter's adjustments for t			7с	
8 Total taxes after adjustments. Co			8	
9	and the second s			
10				
11 Total deposits, including prior qu	arter overpayments		11	
12a COBRA premium assistance pay	ments (see instructions)		12a	
12b Number of individuals provided C	COBRA premium assistance . 12	26		Complete lines 12c, 12d, and 12e only for the 2nd guarter of
12c Number of qualified employees paid				2010.
12d Exempt wages/tips paid to qualified		x .062 =	: 12e	
13 Add lines 11, 12a, and 12e	- op.o, ooo	, x .00 2	13	
	line 13, enter difference and see instr	ructions	14	
15 Overpayment. If line 13 is more than lin		Check one:	7	to next return. Send a refund
➤ You MUST complete both page	·		- Apply	Next →
,				

I.R.S. SPECIFICATIONS
TO BE REMOVED BEFORE PRINTING
INSTRUCTIONS TO PRINTERS
FORM 941-SS, PAGE 2 of 4 (OTC)
MARGINS: TOP 13 mm (½") CENTER SIDES.
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FLAT SIZE: 216 mm (8½") x 279 mm (11")
PERFORATE: NONE
DO NOT PRINT — DO NOT PRINT — DO NOT PRINT

Name (not your trade name)	Employer identification number (EIN)
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 semiwer (Circular SS), section 8.	ekly schedule depositor, see Pub. 80
16	
17 Check one: Line 8 on this return is less than \$2,500 or line 8 on the return \$2,500, and you did not incur a \$100,000 next-day deposit obli You were a monthly schedule depositor for the entire quarter for each month and total liability for the quarter, then go to F	gation during the current quarter. Go to Part 3. r. Enter your tax liability
Tax liability: Month 1 Month 2 Month 3	20
Total liability for quarter You were a semiweekly schedule depositor for any part of thi Report of Tax Liability for Semiweekly Schedule Depositors, and a	
Part 3: Tell us about your business. If a question does NOT apply to your busi	ness, leave it blank.
18 If your business has closed or you stopped paying wages	Check here, and
enter the final date you paid wages/ 19 If you are a seasonal employer and you do not have to file a return for every quarter.	uarter 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 for details. Yes. Designee's name and phone number Select a 5-digit Personal Identification Number (PIN) to use when talking to 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 schedule and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	
Sign your name here Pri	nt your me here nt your e here
Date / / Be	st daytime phone () –
Paid preparer's use only	Check if you are self-employed
Preparer's name	Preparer's SSN/PTIN
Preparer's signature	Date / /
Firm's name (or yours if self-employed)	EIN
Address	Phone () -
City	ZIP code

Page 2 Form **941-SS** (Rev. 4-2010) OTC

5 TO BE REMOVED BEFORE PRINTING

I.R.S. SPECIFICATIONS INSTRUCTIONS TO PRINTERS
FORM 941-SS, PAGE 3 of 4 (OTC)
MARGINS: TOP 13 mm (½") CENTER SIDES.
PAPER: WHITE, WRITING, SUB. 20

PRINTS: HEAD TO HEAD INK: BLACK

FLAT SIZE: 216 mm (8½ ") x 279 mm (11") PERFORATE: 3.25" FROM BOTTOM

DO NOT PRINT - DO NOT PRINT - DO NOT PRINT - DO NOT PRINT

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.

If you have your return prepared by a third party and make a payment with that return, please provide this payment voucher to the return preparer.

Making Payments With Form 941-SS

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

- Your net taxes for either the current guarter or the preceding quarter (line 8 on Form 941-SS) 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 deposit your payment at an authorized financial institution or by using the Electronic Federal Tax Payment System (EFTPS). See section 8 of 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, apply for one on Form SS-4, Application for Employer Identification Number, and write "Applied For" and the date you applied in this entry space.

Box 2-Amount paid. Enter the amount paid with

Box 3-Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only

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.

80 (Circular SS)

<u></u>	▼ Detach Her	re and Mail With Your Payment and Form 941-9	3S. ▼ 	_ <u>~</u> _		
E 941-V(SS) Department of the Treasury Internal Revenue Service ▶ Do		Payment Voucher not staple this voucher or your payment to Form 941-SS.	OMB No. 15	OMB No. 1545-0029		
Enter your employer ider number (EIN).	ntification	Enter the amount of your payment.	Dollars	Cents		
3 Tax period 1st Quarter	3rd Quarter	Enter your business name (individual name if sole proprietor). Enter your address.				
2nd Quarter	O 4th Quarter	Enter your city, state, and ZIP code.				

I.R.S. SPECIFICATIONS TO BE REMOVED BEFORE PRINTING

IN.S. SPECIFICATIONS TO PRINTERS
FORM 941-SS, PAGE 3 of 4 (Mailout)
MARGINS: TOP 13 mm (½") CENTER SIDES.
PAPER: WHITE, WRITING, SUB. 20
FLAT SIZE: 216 mm (8½") x 279 mm (11")
PERFORATE: 3.25" FROM BOTTOM

PRINTS: HEAD TO HEAD INK: BLACK

PEAT SIZE: 216 mm (6½) 2 X 2/9 mm (11)
PERFORATE: 3.25" FROM BOTTOM
DO NOT PRINT — DO NOT PRINT — DO NOT PRINT
DO NOT PRINT — DO NOT PRINT — DO NOT PRINT

Layer 1 prints black

Layer 3 prints 185 red

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.

If you have your return prepared by a third party and make a payment with that return, please provide this payment voucher to the return preparer.

Making Payments With Form 941-SS

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

- Your net taxes for either the current quarter or the preceding quarter (line 8 on Form 941-SS) 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 deposit your payment at an authorized financial institution or by using the Electronic Federal Tax Payment System (EFTPS). See section 8 of 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

- Enter on the voucher the amount paid with Form 941-SS
- Enclose your check or money order made 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. Do not send a photocopy of Form 941-V(SS) because your payment may be misapplied or delayed.

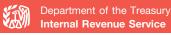
If any of the preprinted information is incorrect, make changes on the top of Form 941-SS, **not** on the payment voucher. If you change any of the preprinted information on the voucher, your payment may be misapplied or delayed.

Pub. 80 (Circular SS)



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





OMB No. 1545-0029 2010

Form 941-V(SS), Payment Voucher

▶ Do not staple this voucher or your payment to your Form 941-SS.

Dollars Cents	
Enter the amount of your payment ▶	3

I.R.S. SPECIFICATIONS TO BE REMOVED BEFORE PRINTING

INSTRUCTIONS TO PRINTERS
FORM 941-SS, PAGE 4 of 4 (OTC and Mailout)
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PAPER: WHITE, WRITING, SUB. 20
FLAT SIZE: 216 mm (8½") x 279 mm (11")
PERFORATE: NONE

PRINTS: HEAD TO HEAD INK: BLACK

DO NOT PRINT - DO NOT PRINT - DO NOT PRINT - DO NOT PRINT

Update burden

Form 941-SS (Rev. 4-2010)

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. This form 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 filers and paid preparers to provide their identifying numbers. If you fail to provide this information in a timely manner, you may be subject to penalties and interest.

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:

Recordkeeping	. X	X	hr.	, XX min.
Learning about the law or the form				XX min.
Preparing the form				XX min.
Copying, assembling, and sending the form to the IRS				,XX 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 write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941-SS to this address. Instead, see *Where Should You File?* on page 2 of the Instructions for Form 941-SS.



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