

Employer's Quarterly Federal Tax Return

See separate instructions revised January 2001 for information on completing this return.

Enter state code for state in which deposits were made only if different from state in address to the right (see page 2 of instructions.)	<input type="checkbox"/> Name (as distinguished from trade name) J & C Corporation Trade name, if any Address (number and street) 234 Peachtree St	Date quarter ended Sep03 Employer identification 21-3456789 City, state, and ZIP code Atlanta, GA 30068	OMB NO. 1545-0029 <input type="checkbox"/> T <input type="checkbox"/> FF <input type="checkbox"/> FD <input type="checkbox"/> FP <input type="checkbox"/> I <input type="checkbox"/> T
--	--	---	--

If address is different from prior return, check here

IRS Use	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	4	4	4	5	5	5	
	6	7	8	8	8	8	8	8	8	8	9	9	9	9	9	10	10	10	10	10	10	10	10	10

If you do not have to file returns in the future, check here and enter date final wages paid

If you are a seasonal employer, see **Seasonal employers** on page 1 of the instructions and check here

1	Number of employees in the pay period that includes March 12	1	
2	Total wages and tips, plus other compensation	2	9250.44
3	Total income tax withheld from wages, tips, and sick pay	3	1046.82
4	Adjustment of withheld income tax for preceding quarters of this calendar year	4	
5	Adjusted total income tax withheld (line 3 as adjusted by line 4---see instructions)	5	1046.82
6	Taxable social security wages .6a	9682.50	x 12.4% (.124) = 6b
	Taxable social security tips .6c		x 12.4% (.124) = 6d
7	Taxable Medicare wages and tips 7a	9682.50	x 2.9% (.029) = 7b
8	Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax <input type="checkbox"/>	8	1481.42
9	Adjustment of social security and Medicare taxes (see instructions for required explanation)		
	Sick Pay Fraction of Cents Other	9	
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9)	10	1481.42
11	Total Taxes (add lines 5 and 10)	11	2528.24
12	Advance earned income credit (EIC) payments made to employees (see instructions).	12	
13	Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))	13	2528.24
14	Total deposits for quarter, including overpayment applied from a prior quarter	14	
15	Balance due (subtract line 14 from line 13). See instructions	15	2528.24
16	Overpayment. If line 14 is more than line 13, enter excess here <input type="checkbox"/>		

and check if to be: Applied to next return or Refunded.

- **All filers:** If line 13 is less than \$2,500, Do not complete line 17 or Schedule B (Form 941).
- **Semiweekly schedule depositors:** Complete Schedule B (Form 941) and check here X
- **Monthly schedule depositors:** Complete line 17, columns (a) through (d), and check here

17 Monthly Summary of Federal Tax Liability. Do not complete if you were a semiweekly schedule depositor.

(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter
---------------------------	----------------------------	---------------------------	---------------------------------

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (See separate instructions)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
	<table style="width: 100%;"> <tr> <td style="width: 40%;">Designee's name ▶</td> <td style="width: 20%;">Phone no. ▶ ()</td> <td style="width: 40%;">Personal identification number (PIN) ▶ <input type="text"/></td> </tr> </table>	Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶ <input type="text"/>
Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶ <input type="text"/>		
Sign Here	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. Signature ▶ SAMPLE Print Your Name and Title ▶ - Date ▶ 09/22/03			

**SCHEDULE B
(FORM 941)**
(Rev. November 1998)
Department of the
Treasury

Employer's Record of Federal Tax Liability

See Circular E for more information about employment tax returns.

OMB NO. 1545-0029

Attach to Form 941 or 941-SS.

Name as shown on Form 941 (or Form 941-SS)

Employer identification number
21-3456789

Date quarter ended
Sep03

I & C Corporation

You must complete this schedule if you are required to deposit on a semiweekly schedule, or if your tax liability on any day is \$100,000 or more. Show tax liability here, not deposits. (The IRS gets deposit data from FTD coupons or EFTPS.)

A. Daily Tax Liability---First Month of Quarter

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	2528.28	25
5	12	19	26	
6	13	20	27	
7	14	21	28	
A Total tax liability for first month of quarter				A 2528.28

B. Daily Tax Liability---Second Month of Quarter

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	
B Total tax liability for second month of quarter				B

C. Daily Tax Liability---Third Month of Quarter

1	8	15	22	29
2	9	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	
C Total tax liability for third month of quarter				C
D Total for quarter (add lines A, B, and C). This should equal line 13 of Form 941 (or line 10 of Form 941-SS)				D 2528.28