

Interview for your Form 941/Schedule B
Employer's Quarterly Federal Tax Return

Instructions: Use this interview to help you fill out your Form 941 and Schedule B (if applicable).
* QuickBooks uses your answers to complete your Form 941.

Legal Business Name

Your legal business name Town of Bashaw

Business Name Control - E-FILERS ONLY

Your business name control. **Modify value if needed** (based on 'Legal Business Name' above) . . . Town

Select your IRS assigned deposit schedule

To help determine if the IRS requires you to file a Schedule B, check your IRS assigned deposit schedule:

Monthly ☒
Semi-Weekly ☐

Note: Your selection on Form 941, page 2, line 16 determines if the IRS requires you to file a Schedule B.

Final Return - Enter the following information for your final return:

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

*You would not have to file returns in the future if you went out of business or stopped paying wages
this quarter, for example.*

Name of the person keeping the final records

Address where those final payroll records will be kept:

Street address

City

State

Zip code

Answer all that apply to you

If you are a seasonal employer, check here ☐
*Seasonal employers are not required to file Form 941 during quarters when they regularly do not have a tax
liability because they have no wages. If you are a seasonal employer, checking this box notifies the IRS
that you will not have to file a return for one or more quarters of the year.*

Check here if **NO wages are subject to social security and/or Medicare tax** ☐
*Check this box only if all wages are not subject to social security and Medicare taxes.
See Circular E (IRS Pub. 15) for more information on exempt wages.*

Check here if you have **no legal residence or principal place of business in any state** ☐

Check here if you are an **exempt organization or government entity** ☐

Employer identification number (EIN) 39-1403551		
Name (not your trade name) Town of Bashaw		
Trade name (if any) 		
Address W8885 County Highway B		
Number	Street	Suite or room number
Shell Lake	WI	54871
City	State	ZIP code
		
Foreign country name	Foreign province/county	Foreign postal code

Report for this Quarter of 2025
(Check one.)

- ☒ **1:** January, February, March
- ☐ **2:** April, May, June
- ☐ **3:** July, August, September
- ☐ **4:** October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

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Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1 Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	0
2 Wages, tips, and other compensation	2	9,509.75
3 Federal income tax withheld from wages, tips, and other compensation	3	154.84
4 If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check here and go to line 6.

	Column 1		Column 2
5a Taxable social security wages . . .	9,509.75	× 0.124 =	1,179.21
5b Taxable social security tips . . .		× 0.124 =	
5c Taxable Medicare wages & tips . . .	9,509.75	× 0.029 =	275.78
5d Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d			1,454.99
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			1,609.83
7 Current quarter's adjustment for fractions of cents			0.01
8 Current quarter's adjustment for sick pay			
9 Current quarter's adjustments for tips and group-term life insurance			
10 Total taxes after adjustments. Combine lines 6 through 9			1,609.84
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10			1,609.84
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter			1,609.84
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions			
15 Overpayment. If line 13 is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

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

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Name (not your trade name)

Town of Bashaw

Employer identification number (EIN)

39-1403551

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☒ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're 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

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

- ☐ 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. Go to Part 3.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages ☐ Check here and enter the final date you paid wages ; also attach a statement to your return. See instructions.

- 18 If you're a seasonal employer and you don't 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 the IRS.

- ☐ No.

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

IF ONLY-You do not need to sign this form

Print your
name here

LESA DAHLSTROM

Print your
title here

CLERK/TREASURER

Date

04/12/2025

Best daytime phone

(715) 468-7525

Paid Preparer Use OnlyCheck if you're 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

Filing and Printing Instructions

FEDERAL QUARTERLY FORM 941/SCHEDULE B

Name

Town of Bashaw

Address

W8885 County Highway B

City, State, and ZIP Code

Shell Lake, WI 54871

INSTRUCTIONS FOR FILING YOUR PAYROLL TAX RETURN

Please file your federal 941 return by 04/30/2025. If filing by mail send your return to the following address:

Department of the Treasury

Internal Revenue Service

Kansas City, MO 64999-0005

Remember to sign and enter required information in the signature line.

KEEP THIS PAGE FOR YOUR RECORDS -- DO NOT MAIL.

INWKS941