

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)

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 2023
 (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.

REV 06/01/23 QBTD

Read the separate instructions before you complete Form 941. 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: <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	<input type="text" value="0"/>
2	Wages, tips, and other compensation	2	<input type="text" value="15,988.35"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="219.00"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages*	<input type="text" value="15,988.35"/> × 0.124 =	<input type="text" value="1,982.56"/>
5a (i)	Qualified sick leave wages*	<input type="text"/> × 0.062 =	<input type="text"/>
5a (ii)	Qualified family leave wages*	<input type="text"/> × 0.062 =	<input type="text"/>
5b	Taxable social security tips	<input type="text"/> × 0.124 =	<input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="15,988.35"/> × 0.029 =	<input type="text" value="463.66"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/> × 0.009 =	<input type="text"/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<input type="text" value="2,446.22"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="2,665.22"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="-0.04"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="2,665.18"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text"/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	<input type="text"/>
11c	Reserved for future use	11c	<input type="text"/>

*Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.

Name (not your trade name) Town of Bashaw	Employer identification number (EIN) 39-1403551
--	--

Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	11d	
11e Reserved for future use	11e	
11f Reserved for future use		
11g Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g	
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	2,665.18
13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	
13b Reserved for future use	13b	
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	
13d Reserved for future use	13d	
13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	13e	
13f Reserved for future use	13f	
13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g	
13h Reserved for future use	13h	
13i Reserved for future use	13i	
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	2,665.18
15 Overpayment. If line 13g is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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	905.76
Month 2	1,218.04
Month 3	541.38
Total liability for quarter	2,665.18

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.

Name (not your trade name) Town of Bashaw Employer identification number (EIN) 39-1403551

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 []
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year [] Check here.
19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19 []
20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20 []
21 Reserved for future use 21 []
22 Reserved for future use 22 []
23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23 []
24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24 []
25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25 []
26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26 []
27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27 []
28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28 []

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.

REV 06/01/23 QBDT

Part 5: Sign here. You MUST complete all three 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 07/06/2023 Best daytime phone (715) 468-7525

Paid Preparer Use Only

Check 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 []

