

### 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 2024**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://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	<input type="text" value="5"/>
2	Wages, tips, and other compensation . . . . .	2	<input type="text" value="13,003.36"/>
3	Federal income tax withheld from wages, tips, and other compensation . . . . .	3	<input type="text" value="385.51"/>
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 . . . . .	<input type="text" value="13,003.36"/> × 0.124 =	<input type="text" value="1,612.42"/>
5b	Taxable social security tips . . . . .	<input type="text"/> × 0.124 =	<input type="text"/>
5c	Taxable Medicare wages & tips. . . . .	<input type="text" value="13,003.36"/> × 0.029 =	<input type="text" value="377.10"/>
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, 5b, 5c, and 5d . . . . .	5e	<input type="text" value="1,989.52"/>
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="2,375.03"/>
7	Current quarter's adjustment for fractions of cents . . . . .	7	<input type="text"/>
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="2,375.03"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10 . . . . .	12	<input type="text" value="2,375.03"/>
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	13	<input type="text"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . . .	14	<input type="text" value="2,375.03"/>
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text"/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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

Print your name here

Print your title here

Date

Best daytime phone

**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

# Form 941-V, Payment Voucher

## Purpose of Form


Complete Form 941-V if you're making a payment with Form 941. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

## Making Payments With Form 941

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

- Your total taxes after adjustments and nonrefundable credits (Form 941, line 12) for either the current quarter or the preceding quarter are less than \$2,500, you didn't incur a \$100,000 next-day deposit obligation during the current quarter, and you're paying in full with a timely filed return; or
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 941-V to make federal tax deposits.

 **Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should've been deposited, you may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15.**

## Specific Instructions

**Box 1—Employer identification number (EIN).** If you don't have an EIN, you may apply for one online by going to [www.irs.gov/EIN](http://www.irs.gov/EIN). You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

**Box 2—Amount paid.** Enter the amount paid with Form 941.

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

**Box 4—Name and address.** Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period ("1st Quarter 2024," "2nd Quarter 2024," "3rd Quarter 2024," or "4th Quarter 2024") on your check or money order. Don't send cash. Don't staple Form 941-V or your payment to Form 941 (or to each other).

- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

**Note:** You must also complete the entity information above Part 1 on Form 941.

**Detach Here and Mail With Your Payment and Form 941.**

<b>Form 941-V</b> Department of the Treasury Internal Revenue Service		<b>Payment Voucher</b> Don't staple this voucher or your payment to Form 941.		OMB No. 1545-0029 <b>2024</b>	
<b>1</b> Enter your employer identification number (EIN). 39-1403551		<b>2</b> <b>Enter the amount of your payment.</b> Make your check or money order payable to "United States Treasury."		Dollars	Cents
<b>3</b> Tax Period		2,375.03			
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	<b>4</b> Enter your business name (individual name if sole proprietor). Town of Bashaw			
<input checked="" type="radio"/> 2nd Quarter	<input type="radio"/> 4th Quarter	Enter your address. W8885 County Highway B			
		Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/county, and foreign postal code. Shell Lake WI 54871			

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**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 07/31/2024. If filing by mail send your return and payment to the following address:

Internal Revenue Service

P.O. Box 806532

Cincinnati, OH 45280-6532

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

**SPECIAL INSTRUCTIONS FOR EXEMPT ORGANIZATIONS OR NO LEGAL ADDRESS**

If your business has no principal legal residence or place of business in any state, please mail your return to:

Internal Revenue Service

P.O. Box 932100

Louisville, KY 40293-2100

If you are filing this return for an exempt organization or government entity, please mail your return to:

Internal Revenue Service

P.O. Box 932100

Louisville, KY 40293-2100

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

**PRINTING AND FILING INSTRUCTIONS**

The printed form may look different from the form provided by the U.S. government. However, the format has been approved by the U.S. government as long as you print the form with black ink on white bond 8-1/2-in x 11-in sized paper of at least 20 lb weight.

Please staple multiple sheets in the upper left corner when filing.

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

INWKS941