## 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: 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: 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: Answer all that apply to you 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. 

### Form **941 for 2023:** Employer's QUARTERLY Federal Tax Return

(Rev. Mai	rch 2023) Department	of the Treasury — Internal Reven	ue Service			OMB No. 1545-0029			
Employ	ver identification number (EIN) 39-140	3551			Repor	rt for this Quarter of 2023 one.)			
Name	Name (not your trade name) Town of Bashaw 1: January, February, March								
2:						April, May, June			
Trade name (if any)									
Addre	Address W8885 County Highway B  Number Street Suite or room number					4: October, November, December			
			Go to www.irs.gov/Form941 for instructions and the latest information.						
	Shell Lake WI 54871 City State ZIP code					REV 08/28/23 QBDT			
	Foreign country name	Foreign province/county	Foreign posta	l code					
	ne separate instructions before you co	· · · · · · · · · · · · · · · · · · ·	print within the	boxes.					
Part 1									
	Number of employees who received including: Mar. 12 (Quarter 1), June 1	• , . ,	•			0			
		_ (	,,			2 252 25			
2	Wages, tips, and other compensati	on			2	9,073.37			
3	Federal income tax withheld from v	vages, tips, and other co	npensation .		3				
4	If no wages, tips, and other compe	nsation are subject to so	cial security or	· Medicare tax		☐ Check and go to line 6.			
•	ii no wageo, apo, ana oanor oompe	Column 1	olar occurry of	Column 2					
5a	Taxable social security wages* .	9,073.37	× 0.124 =	1,125.	10	*Include taxable qualified sick and			
5a	(i) Qualified sick leave wages*		× 0.062 =	:		family leave wages paid in this quarter of 2023 for leave taken			
5a	(ii) Qualified family leave wages*		× 0.062 =	:		after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable			
5b	Taxable social security tips		× 0.124 =	:		qualified sick and family leave wages paid in this quarter of 2023			
	Taxable Medicare wages & tips.	9,073.37	× 0.029 =	263.	13	for leave taken after March 31, 2020, and before April 1, 2021.			
5d	Taxable wages & tips subject to		- <u> </u>						
	Additional Medicare Tax withholdir	ıg	× 0.009 =	<u>.                                    </u>					
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e 1,388.23								
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f								
	1 200 02								
6	Total taxes before adjustments. Ad	d lines 3, 5e, and 5f			6 _	1,388.23			
7	Current quarter's adjustment for fr	actions of cents			7	0.01			
8	Current quarter's adjustment for si	ck pay			8				
9	Current quarter's adjustments for tips and group-term life insurance								
10	Total taxes after adjustments. Combine lines 6 through 9					1,388.24			
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a								
	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021								
11c	Reserved for future use				11c				

	(not your trade name) nof Bashaw		er identificati 140355	on number (EIN) 1
Part				
11d	Nonrefundable portion of credit for qualified sick and family leave wages for leavafter March 31, 2021, and before October 1, 2021			
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 lin	ie 10 .	12	1,388.24
13a	Total deposits for this quarter, including overpayment applied from a prior qua overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current		13a	
13b	Reserved for future use		13b	
13c	Refundable portion of credit for qualified sick and family leave wages for leave before April 1, 2021	e taken	13c	
13d	Reserved for future use		13d	
13e	Refundable portion of credit for qualified sick and family leave wages for leavafter 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	1,388.24
15	Overpayment. If line 13g is more than line 12, enter the difference	Check	one: Ap	ply to next return. Send a refund
Part	2: Tell us about your deposit schedule and tax liability for this quarter.			
lf you	're unsure about whether you're a monthly schedule depositor or a semiweekly scl	hedule de	epositor, s	ee section 11 of Pub. 15.
16 (	Check one: X  Line 12 on this return is less than \$2,500 or line 12 on the return and you didn't incur a \$100,000 next-day deposit obligation duri quarter was less than \$2,500 but line 12 on this return is \$100,000 federal tax liability. If you're a monthly schedule depositor, comp semiweekly schedule depositor, attach Schedule B (Form 941). Go to	<b>ng the c</b> o or more elete the	u <b>rrent qua</b> e, you must	rter. If line 12 for the prior t provide a record of your
	You were a monthly schedule depositor for the entire quarter. Eliability for the quarter, then go to Part 3.	nter your	tax liability	for each month and total
	Tax liability: Month 1			
	Month 2			
	Month 3			
	Total liability for quarter Total	must equ	al line 12.	
	You were a semiweekly schedule depositor for any part of this of Report of Tax Liability for Semiweekly Schedule Depositors, and attack			

	not your trade		Employer identification nur	mber (EIN)			
	n of B		39-1403551				
Part 3	Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.						
17	If your bu	siness has closed or you stopped paying wages		Check here, and			
	enter the	inal date you paid wages					
18	If you're	a seasonal employer and you don't have to file a return for every quarte	r of the year	Check here.			
19	Qualified h	ealth plan expenses allocable to qualified sick leave wages for leave taken before Ap	ril 1, 2021 19	<del></del>			
20	Qualified h	alth plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20					
21	Reserved	served for future use					
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 or	n line 23 24				
25		under certain collectively bargained agreements allocable to quali- ges reported on line 23	fied sick				
26	Qualified	family leave wages for leave taken after March 31, 2021, and before Octobe	er 1, 2021 26				
27	Qualified	health plan expenses allocable to qualified family leave wages reported o	n line 26 27				
28		under certain collectively bargained agreements allocable to qualified	•				
	leave wa	ges reported on line 26	28				
Part 4		we speak with your third-party designee?					
	Do you water for details.	ant to allow an employee, a paid tax preparer, or another person to discuss	this return with the IRS? S	ee the instructions			
	Yes.	Designee's name and phone number					
		Select a 5-digit personal identification number (PIN) to use when talking to the	ne IRS.				
	☐ No.			REV 08/28/23 QBDT			
Part 5	Sign	here. You MUST complete all three pages of Form 941 and SIGN it.					
		f perjury, I declare that I have examined this return, including accompanying schedule: e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all					
Sia	n your	Print your name here	LESA DAI	HLSTROM			
_	ne here	EF ONLY-You do not need to sign this form Print your title here	CLERK/TI	REASURER			
		title fiele					
	Date	10/11/2023 Best daytime	phone (715	5)468-7525			
Paid Preparer Use Only  Check if you're self-employed							
Prepa	arer's name		PTIN				
Prepa	arer's signa	iture	Date				
	s name (or y -employed)	rours	EIN				
Addr	ess		Phone				
City		State	ZIP code				
,							

Page **3** Form **941** (Rev. 3-2023)

# 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 visiting the IRS website at <a href="www.irs.gov/EIN">www.irs.gov/EIN</a>. 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 2023," "2nd Quarter 2023," "3rd Quarter 2023," or "4th Quarter 2023") 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.

E 941-V Department of the Treasury Internal Revenue Service		Do	Payment Voucher n't staple this voucher or your payment to Form 941.	OMB No. 1545-0029			
1	Enter your em number (EIN). 39-1403		lentification		Enter the amount of your payment.  Make your check or money order payable to "United States Treasury."	Dollars	Cents 1,388.24
3 Tax Period		04	Enter your business name (individual name if sole proprietor).  Town of Bashaw				
	Quar		×	3rd Quarter	Fintancia in a deluca a		
	O Quar	-		4th Quarter	Enter your city, state, and ZIP code; or your city, foreign country name, Shell Lake	foreign province/coun	ity, and foreign postal code.

REV 08/28/23 QB

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	
and payment to the following address	1/2023. If filing by mail send your return:
Internal Revenue Service P.O. Box 806532	
Cincinnati, OH 45280-6532	
Remember to sign and enter required	information in the signature line.
KEEP THIS PAGE FOR YOUR RECORDS D	O NOT MAIL.