

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 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.

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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.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="0"/>
2	Wages, tips, and other compensation	2	<input type="text" value="9,073.37"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text"/>
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="9,073.37"/> × 0.124 =	<input type="text" value="1,125.10"/>
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="9,073.37"/> × 0.029 =	<input type="text" value="263.13"/>
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="1,388.23"/>
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="1,388.23"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="0.01"/>
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="1,388.24"/>
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
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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	<input style="width:95%;" type="text"/>
11e Reserved for future use	11e	<input style="width:95%; background-color: #cccccc;" type="text"/>
11f Reserved for future use		<input style="width:95%; background-color: #cccccc;" type="text"/>
11g Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g	<input style="width:95%;" type="text"/>
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	<input style="width:95%; text-align: right;" type="text" value="1,388.24"/>
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	<input style="width:95%;" type="text"/>
13b Reserved for future use	13b	<input style="width:95%; background-color: #cccccc;" type="text"/>
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	<input style="width:95%;" type="text"/>
13d Reserved for future use	13d	<input style="width:95%; background-color: #cccccc;" type="text"/>
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	<input style="width:95%;" type="text"/>
13f Reserved for future use	13f	<input style="width:95%; background-color: #cccccc;" type="text"/>
13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g	<input style="width:95%;" type="text"/>
13h Reserved for future use	13h	<input style="width:95%; background-color: #cccccc;" type="text"/>
13i Reserved for future use	13i	<input style="width:95%; background-color: #cccccc;" type="text"/>
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input style="width:95%; text-align: right;" type="text" value="1,388.24"/>
15 Overpayment. If line 13g is more than line 12, enter the difference <input style="width:150px;" type="text"/>		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	<input style="width:95%;" type="text"/>
	Month 2	<input style="width:95%;" type="text"/>
	Month 3	<input style="width:95%;" type="text"/>
Total liability for quarter		<input style="width:95%;" type="text"/> 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... 18 If you're a seasonal employer... 19-28 Various tax-related questions with input fields.

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. [] No.

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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.

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 10/11/2023 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 []

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 10/31/2023. 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.

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

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