

(EIN)  
**Employer identification number** 74-0000000

**Name** (not your trade name) Your Payroll Processing Center, In  
**Trade name** (if any) \_\_\_\_\_

**Address** 7101 York Ave So Suite 320  
Minneapolis MN 55435

**Report for this Quarter ... (Check one.)**

**1:** January, February, March

**2:** April, May, June

**3:** July, August, September

**4:** October, November, December

**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), Dec. 12 (Quarter 4) ..... **1**

**2** Wages, tips, and other compensation ..... **2**

**3** Total income tax withheld from wages, tips, and other compensation ..... **3**

**4** If no wages, tips, and other compensation are subject to social security or Medicare tax .....  Check and go to line 6.

**5** Taxable social security and Medicare wages and tips:

	Column 1		Column 2
<b>5a</b> Taxable social security wages	<input type="text" value="1674.00"/>	x .124 =	<input type="text" value="207.58"/>
<b>5b</b> Taxable social security tips	<input type="text"/>	x .124 =	<input type="text"/>
<b>5c</b> Taxable Medicare wages & tips	<input type="text" value="1674.00"/>	x .029 =	<input type="text" value="48.55"/>
<b>5d</b> Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) .....			<b>5d</b> <input type="text" value="256.13"/>
<b>6</b> Total taxes before adjustments (lines 3 + 5d = line 6) .....			<b>6</b> <input type="text" value="416.38"/>

**7** TAX ADJUSTMENTS (Read instructions for line 7 before completing lines 7a through 7h):

**7a** Current quarter's fractions of cents .....

**7b** Current quarter's sick pay .....

**7c** Current quarter's adjustments for tips and group-term life insurance .....

**7d** Current year's income tax withholding (attach Form 941c) .....

**7e** Prior quarters' social security and Medicare taxes (attach Form 941c) .....

**7f** Special additions to federal income tax (attach Form 941c) .....

**7g** Special additions to social security and Medicare (attach Form 941c) .....

**7h** TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) ..... **7h**

**8** Total taxes after adjustments (Combine lines 6 and 7h.) ..... **8**

**9** Advance earned income credit (EIC) payments made to employees ..... **9**

**10** Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) ..... **10**

**11** Total deposits for this quarter, including overpayment applied from a prior quarter ..... **11**

**12** Balance due (If line 10 is more than line 11, enter the difference here.) ..... **12**

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**6 9411** NTF 2563101A  
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**13** Overpayment (If line 11 is more than line 10, enter the difference here.) .....  Check one  Apply to next return.  
 Send a refund.

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher. CAA Form **941** (Rev. 1-2006)

Name (not your trade name) Your Payroll Processing Center, Ir	Employer identification number (EIN) 74-0000000
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**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14  MN Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.

15 Check one:  Line 10 is less than \$2,500. Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. 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 10.

You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.

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

16 If your business has closed or you stopped paying wages. ....  Check here, and

enter the final date you paid wages .

17 If you are a seasonal employer and you do not 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 instructions for details.

<input type="checkbox"/> Yes.	Designee's name	<input style="width:100%;" type="text"/>		
	Phone	<input style="width:200px;" type="text"/>	Personal Identification Number (PIN)	<input style="width:100px;" type="text"/>
<input checked="" type="checkbox"/> No.				

**Part 5: Sign here. You MUST fill out both sides of this form 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	<input style="width:100%;" type="text"/>		
Print name and title	<input style="width:100%;" type="text"/>		
Date	<input style="width:100px;" type="text"/>	Phone	<input style="width:200px;" type="text" value="952"/>

**Part 6: For PAID preparers only (optional)**

Paid Preparer's Signature	<input style="width:100%;" type="text"/>		
Firm's name	<input style="width:100%;" type="text"/>		
Address	<input style="width:300px;" type="text"/>	EIN	<input style="width:100px;" type="text"/>
	<input style="width:300px;" type="text"/>	ZIP code	<input style="width:100px;" type="text"/>
Date	<input style="width:100px;" type="text"/>	Phone	<input style="width:200px;" type="text" value="952"/>
		SSN/PTIN	<input style="width:100px;" type="text"/>

Check if you are self-employed.

# File Copy - Retain for Records

Form **941 for 2006: Employer's QUARTERLY Federal Tax Return** 1272  
(Rev. January 2006) Department of the Treasury -- Internal Revenue Service

970106

OMB No. 1545-0029

(EIN)  
**Employer identification number** 74-0000000

**Name** (not your trade name) Your Payroll Processing Center, In  
**Trade name** (if any) \_\_\_\_\_

**Address** 7101 York Ave So Suite 320  
Minneapolis MN 55435

**Report for this Quarter ... (Check one.)**

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	Column 1		Column 2
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**5d** Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) ..... **5d**

**6** Total taxes before adjustments (lines 3 + 5d = line 6) ..... **6**

**7** TAX ADJUSTMENTS (Read instructions for line 7 before completing lines 7a through 7h):

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**11** Total deposits for this quarter, including overpayment applied from a prior quarter ..... **11**

**12** Balance due (If line 10 is more than line 11, enter the difference here.) ..... **12**

Make checks payable to United States Treasury.

**13** Overpayment (If line 11 is more than line 10, enter the difference here.) .....

Check one  Apply to next return.  
 Send a refund.

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher.

CAA Form **941** (Rev. 1-2006)

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Form **941** (Rev. 1-2006) Page **2**

Name (not your trade name) Your Payroll Processing Center, Ir	Employer identification number (EIN) 74-0000000
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Tax liability:	Month 1	<input type="text"/>
	Month 2	<input type="text"/>
	Month 3	<input type="text"/>
	Total liability for quarter	<input type="text"/>

Total must equal line 10.

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Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name

Phone  Personal Identification Number (PIN)

No.

### Part 5: Sign here. You MUST fill out both sides of this form 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.

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Sign your name here

Print name and title

Date  Phone  952

### Part 6: For PAID preparers only (optional)

Paid Preparer's Signature

Firm's name

Address  EIN

ZIP code

Date  Phone  952 SSN/PTIN

Check if you are self-employed.