Instructions for Completing the 941 Employer's Quarterly Federal Tax Return

*Fields highlighted in orange/pink on the example 941 at the end of these instructions need to be completed.

The EIN is the Federal Identification Number that begins with 73 for conservation districts. Always be sure the EIN on the form you file exactly matches the EIN the IRS has assigned to your business. Be sure and carry this information forward to the second and third pages at the top.

Name / Address: Use the name and address that is associated with your EIN number that the IRS recognizes.

Check the appropriate box for the quarter.

Due Dates: Quarter 1 - April 30

Quarter 2 - July 31

Quarter 3 - October 31

Quarter 4 - January 31

Part 1:

Question 1 - Total number of employees for the quarter. This includes part-time/temporary employees who were paid wages at any point during the quarter.

Question 2 - Line 12 of the Payroll Worksheet for each month of the quarter added together for each employee. Be sure to add any longevity, one-time pay increases, or leave payout.

Question 3 - Line 13 of the Payroll Worksheet for each month of the quarter added together for each employee. Be sure to add any federal tax withholding for longevity, one-time pay increases, or leave payout.

Question 4: Do not check this box.

Question 5a – Column 1 - Line 6 of the Payroll Worksheet for each month of the quarter added together for each employee. Be sure to include any longevity, one-time pay increases, or leave payout.

Question 5a – Column 2 - Complete the math - multiplying Column 1 Box 5a x 0.124.

Question 5a (i) – Nothing goes in Column 1 or 2

Question 5a (ii) – Nothing goes in Column 1 or 2

Question 5b - Nothing goes in Column 1 or 2

Question 5c – Column 1 - Line 6 of the Payroll Worksheet for each month of the quarter added together for each employee. Be sure to include any longevity, one-time pay increases or leave payout.

Question 5c – Column 2 - Complete the math - multiplying Column 1 Box 5c x 0.029.

Question 5d - Nothing goes in Column 1 or 2

Question 5e - Complete according to the instructions on the form adding Column 2 - Box 5a and 5c.

Question 5f – Nothing goes in this box.

Question 6 – Complete according to the instructions on the form by adding Box 3 + Box 5e. Once this amount is figured **STOP!** Go to page 2 Part 2 of the report and complete line 16.

Page 2 Part 2: This is the amount of federal monthly payroll tax that SHOULD HAVE BEEN PAID each month in the respective quarter. This is the opportunity to reconcile the amounts that should have been paid with what was actually paid.

In theory the amounts should be the same. However if a mistake occurred in a month or a longevity or one time pay increase was missed the adjustments can be made here.

Question 16 - All districts will check the monthly scheduled depositor box and complete the tax liabilities for each month. Do the math for each month as instructed below and then add months 1, 2, and 3 together for the Total liability for the quarter. This amount must equal Line 10 and Line 12 on Page 1.

To calculate the monthly federal tax payment for the district:

From the payroll worksheet:

Line 6 * 15.3% + Line 13= Tax Payment for each employee. Add all employees together. Enter the total into the corresponding month box.

Go Back to Page 1 Part 1

Question 7 - Adjustments can be made for anything under \$1.00 when Box 6 and Box 10 of the 941 report do not match. This amount can be either added or subtracted. The need for adjustments can occur due to rounding when making the federal monthly tax deposits.

Question 8 – Nothing goes in this box.

Question 9 – Nothing goes in this box.

Question 10 - Must equal "Total Liability for the Quarter" under Part 2 - Line 16 on Page 2.

Question 11a – Nothing goes in this box.

Question 11b – Nothing goes in this box.

Question 11c – Nothing goes in this box.

Part 1 Page 2

Question 11d – Nothing goes in this box.

Question 11e – Nothing goes in this box.

Question 11f – Nothing goes in this box.

Question 11g – Nothing goes in this box.

Question 12 – Must equal Line 10 and must equal "Total Liability for the Quarter" under Part 2 - Line 16 on Page 2.

Question 13a - This is the amount of all federal tax deposits that were made for the quarter. Total all the 941 payments made for the quarter and enter the amount in the box.

If this amount does not equal Box 12 you have either over paid or under paid. If you believe it is necessary to complete a 941X to correct a mistake PLEASE CONTACT THE COMMISSION FOR ASSISTANCE.

Question 13b – Nothing goes in this box.

Question 13c – Nothing goes in this box.

Question 13d – Nothing goes in this box.

Question 13e – Nothing goes in this box.

Question 13f – Nothing goes in this box.

Question 13g – Should equal box 13a.

Question 13h – Nothing goes in this box.

Question 13i – Nothing goes in this box.

Question 14 – Do the math; if line 12 is less than 13g you have underpaid the 941 taxes for the quarter and a balance is due. Enter the amount due, if applicable, in box 14; if no balance is due, leave box 14 blank. If a balance is due, payment should be made electronically through the EFTPS process as a balance due on a return. Be sure and select the proper quarter to apply the payment to.

^{*}Note: Either box 14 or box 15 should be completed. Do not enter amounts in both.

Question 15 – Do the math; if line 13g is more than line 12 you have overpaid the 941 taxes for the quarter and a refund is due. Enter the amount overpaid, if applicable, in box 15 and check "Send a refund;" if no balance is due, leave box 15 blank and do not check a box.

Part 3 Page 3 – Nothing to complete here unless the District is going out of business. If that is the case, please contact OCC for assistance.

Part 4:

You must check "yes" in this box and complete the name, phone number and 5-digit pin if the district wants to allow a district employee (such as the district secretary, who usually completes the report) to discuss this report with the IRS.

Part 5:

The person completing the report must sign and date it here. Be sure and keep a copy of the report and make note of the date it was sent. The report must be mailed to:

Department of Treasury Internal Revenue Service Ogden, UT 84201-0005

*Remember to verify that the Name and EIN fields at the top of each page have been completed.

Department of the Treasury — Internal Revenue Service OMB No. 1545-0029 (Rev. March 2023) Report for this Quarter of 2023 Employer identification number (EIN) (Check one.) Name (not your trade name) 1: January, February, March 2: April, May, June Trade name (if any) 3: July, August, September 4: October, November, December Address Street Number Suite or room number Go to www.irs.gov/Form941 for instructions and the latest information. ZIP code City Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 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) 2 Wages, tips, and other compensation Federal income tax withheld from wages, tips, and other compensation . 3 Check and go to line 6. If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 *Include taxable qualified sick and Taxable social security wages*. \times 0.124 = 5a family leave wages paid in this quarter of 2023 for leave taken \times 0.062 = 5a (i) Qualified sick leave wages* after March 31, 2021, and before October 1, 2021, on line 5a, Use $\times 0.062 =$ 5a (ii) Qualified family leave wages* lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave 5b Taxable social security tips . \times 0.124 = wages paid in this quarter of 2023 for leave taken after March 31. Taxable Medicare wages & tips. \times 0.029 = 2020, and before April 1, 2021. 5c Taxable wages & tips subject to 5d × 0.009 = Additional Medicare Tax withholding 5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e Section 3121(g) Notice and Demand - Tax due on unreported tips (see instructions) 5f Total taxes before adjustments. Add lines 3, 5e, and 5f . 6 Current quarter's adjustment for fractions of cents . Current quarter's adjustment for sick pay . 9 Current quarter's adjustments for tips and group-term life insurance 10 Total taxes after adjustments. Combine lines 6 through 9 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 Reserved for future use . .

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

950122

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name)			Employer identification number (EIN)						
Part '	1: Answer these questions for this quarter. (continued)		_						
11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave after March 31, 2021, and before October 1, 2021								
11e	Reserved for future use		11e	я					
11f	Reserved for future use								
11g	Total nonrefundable credits. Add lines 11a, 11b, and 11d		11g	н					
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line	10 .	12						
13a	Total deposits for this quarter, including overpayment applied from a prior quarter overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current of		13a						
13b	Reserved for future use		13b	n e					
13c	Refundable portion of credit for qualified sick and family leave wages for leave before April 1, 2021		13c	н					
13d	Reserved for future use		13d						
13e	Refundable portion of credit for qualified sick and family leave wages for leave after March 31, 2021, and before October 1, 2021		13e						
13f	Reserved for future use		13f	4.00					
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						
15	Overpayment. If line 13g is more than line 12, enter the difference	Check o	ne:	Apply to next return. Send a refund.					
Part 2: Tell us about your deposit schedule and tax liability for this quarter.									
you'r	e unsure about whether you're a monthly schedule depositor or a semiweekly sche	dule de	posito	or, see section 11 of Pub. 15.					
16 C	Line 12 on this return is less than \$2,500 or line 12 on the return for and you didn't incur a \$100,000 next-day deposit obligation during quarter was less than \$2,500 but line 12 on this return is \$100,000 of federal tax liability. If you're a monthly schedule depositor, complete semiweekly schedule depositor, attach Schedule B (Form 941). Go to P	the cu or more, te the c	i <mark>rrent</mark> , you i	quarter. If line 12 for the prior must provide a record of your					
	You were a monthly schedule depositor for the entire quarter. Entiliability for the quarter, then go to Part 3.	er your	tax lia	bility for each month and total					
	Tax liability: Month 1								
	Month 2								
	Month 3								
	Total liability for quarterTotal mu	ıst equa	al line	12.					
	You were a semiweekly schedule depositor for any part of this qua Report of Tax Liability for Semiweekly Schedule Depositors, and attach	arter. C	omple rm 941	te Schedule B (Form 941), I. Go to Part 3.					

950922

Name (not your tr	rade name)		Employer ider	ntification number (EIN)				
Part 3: Te	II us about your business. If a question does NOT apply to your bu	ısiness,	leave it bl	ank.				
	business has closed or you stopped paying wages			Check he	ere, and			
enter th	ne final date you paid wages / / ; also attach a statem	ent to y	our return. S	See instructions.				
18 If you'r	re a seasonal employer and you don't have to file a return for every qu	ıarter of	f the year	Check he	ere.			
19 Qualifie	d health plan expenses allocable to qualified sick leave wages for leave taken befor	re April 1	, 2021 19		н			
20 Qualifie	d health plan expenses allocable to qualified family leave wages for leave taken befo	ore April	1, 2021 20					
21 Reserv	ved for future use		21					
22 Reserv	red for future use		22					
23 Qualific	ed sick leave wages for leave taken after March 31, 2021, and before Oct	tober 1,	2021 23		н			
	ed health plan expenses allocable to qualified sick leave wages reporte				н			
	nts under certain collectively bargained agreements allocable to covages reported on line 23	qualified 	d sick 25					
26 Qualific	ed family leave wages for leave taken after March 31, 2021, and before Oc	ctober 1	, 2021 26		'n			
27 Qualific	ed health plan expenses allocable to qualified family leave wages report	ted on li	ne 26 27		ж			
	nts under certain collectively bargained agreements allocable to qu vages reported on line 26	ıalified 	family 28					
Part 4: Ma	ny we speak with your third-party designee?							
Do you for deta	want to allow an employee, a paid tax preparer, or another person to disc	cuss this	s return with	the IRS? See the instru	uctions			
Yes	s. Designee's name and phone number			医性性性性的				
Select a 5-digit personal identification number (PIN) to use when talking to the IRS.								
☐ No								
Part 5: Sig	n here. You MUST complete all three pages of Form 941 and SIG	N 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 you	Print you name he	A Property of						
name her	e Print you	ır						
	title here							
Da	te / / Best day	/time ph	one					
Paid Preparer Use Only Check if you're self-employed								
Preparer's na	me		PTIN					
Preparer's si	gnature		Date	/ /				
Firm's name (if self-employ			EIN					
Address			Phone					
City	State		ZIP code					