Instructions for Completing the 941 for 2025: Employer's Quarterly Federal Tax Return

*Fields highlighted in **orange** on the example 941 at the end of these instructions must 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 to carry this information to the top of the second page.

Name / Address: Use the name and address that is associated with your EIN that the IRS recognizes. Be sure to complete the "Name" box at the page of 2 also.

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

Page 1 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 (OCC + local) 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 <u>not</u> 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 5b - Nothing goes in Column 1 or 2

Question 5c - Column 1 - Line 6 of the Payroll Worksheet (OCC + local) 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.

941 Quarterly Report Instructions

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 <u>STOP!</u> 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.

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.

The total liability for quarter amount should equal Line 10 and Line 12 on Page 1. If the amount differs by any amount under \$1.00, the adjustment may be made in Question 7. If the amount is larger than \$1.00, you will need to go back and double check all calculations on the payroll worksheets, 941 form, and the monthly federal tax payments.

Go Back to Page 1 Part 1:

Question 7 - Adjustments can be made for anything under \$1.00 when Box 6 does not match the "Total liability for quarter" box on page 2 and Box 10 and Box 12 on page 1 of the report. 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 11 – 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 13 - 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 overpaid or underpaid. If you believe it is necessary to complete a 941X to correct a mistake, PLEASE CONTACT THE COMMISSION FOR ASSISTANCE.

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

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.

<u>OR</u>

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.

Page 2 Part 3:

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

Page 2 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 manager, who usually completes the report) to discuss this report with the IRS.

Page 2 Part 5:

The person completing the report must sign and date it here. Also provided the person's printed/typed name, their title, and the best daytime contact phone number (i.e. the district's phone number).

Be sure to 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.

Form **941 for 2025:** Employer's QUARTERLY Federal Tax Return (Rev. March 2025) Department of the Treasury – Internal Revenue Service

950124

OMB No.	1545-0029
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Employ	yer identification number (EIN)	Report for this Quarter of 2025 (Check one.)				
Name	e (not your trade name)	1: January, February, March				
		2: April, May, June				
Trade	e name (if any)	3: July, August, September				
Addre	ess	4: October, November, December				
	Number Street Suite or room number	Go to www.irs.gov/Form941 for				
		instructions and the latest information.				
)	City State ZIP code					
•	Foreign country name Foreign province/county Foreign postal code					
Bead th	he 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.						
	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)	l) 1				
2	Wages, tips, and other compensation	. 2				
3	Federal 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 here and go to line 6.				
	Column 1 Column 2					
5a	Taxable social security wages					
5b						
5c	Taxable Medicare wages & tips. • × 0.029 =	•				
	Taxable wages & tips subject to Additional Medicare Tax withholding •	•				
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	. 5e				
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	. 5f 🔹				
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	. 6				
7	Current quarter's adjustment for fractions of cents	. 7.				
8	Current quarter's adjustment for sick pay	. 8				
9	Current quarter's adjustments for tips and group-term life insurance	. 9				
10	Total taxes after adjustments. Combine lines 6 through 9	. 10				
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	4 11				
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10 .	. 12				
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	. 14 🔹				
15	Overpayment. If line 13 is more than line 12, enter the difference	k one: Apply to next return. Send a refund.				
You	You MUST complete both pages of Form 941 and SIGN it.					

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Name (not your trade name)	Employer identification number (EIN)				
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 sche	edule 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. En liability for the quarter, then go to Part 3.	ter your tax liability for each month and total				
Tax liability: Month 1					
Month 2					
Month 3					
Total liability for quarter	ust 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	s, 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 y	your return. See instructions.				
18 If you're a seasonal employer and you don't have to file a return for every quarter of	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 thi	s 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.					
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 a	nd 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 inf					
Sign your					
name here Print your	A CONTRACTOR OF				
title here	A DECEMBER OF				
Date / / Best daytime pl	none				
Paid Preparer Use Only	neck if you're self-employed				
Preparer's name	PTIN				
Preparer's signature	Date / /				
Firm's name (or yours	EIN				
Address	Phone				
City State	ZIP code				