

UNIT 9

STUDY QUESTIONS

1. There is a taxable wage base for social security tax. Thus, only a certain amount of an employee's earnings is subject to social security tax during the calendar year. After the end of each payroll period, the social security tax owed by the employer is computed by multiplying the *taxable earnings* of all employees by the current social security rate. In the case of Medicare tax, *all earnings* are taxable. Therefore, the employer multiplies the total earnings of all employees for the payroll period by the current Medicare rate.
2. Form 8109 is used to accompany deposits of federal employment taxes (federal income tax withheld and social security and Medicare taxes) and deposits of FUTA tax by employers. However, in the case of deposits of federal employment taxes, only employers who are monthly depositors use this form. Semiweekly depositors must make deposits by means of electronic funds transfer.
3. The Electronic Federal Tax Payment System (EFTPS) allows employers to make their deposits of federal taxes by means of electronic funds transfer. The taxes owed are transferred directly from the bank account of the employer to an account maintained by the IRS. No check is written and no Form 8109 is submitted. Semiweekly depositors of federal employment taxes (federal income tax withheld and social security and Medicare taxes) must use the EFTPS. Monthly depositors can voluntarily join the system.
4. Form 940-EZ reports the wages subject to FUTA tax that the employer paid during the calendar year, the amount of FUTA tax owed, the deposits made, and any balance due at the end of the year. This form also lists the employer's quarter-by-quarter liability for FUTA tax during the year.
5. Employers must issue Form W-2 for a calendar year to their employees by January 31 of the next year. An employee who leaves a firm before the end of the calendar year and requests a Form W-2 should receive it within 30 days after the request or 30 days after the last wage payment, whichever is later.
6.
 - a. Form 941.
 - b. Form 941 is due on or before the last day of the month following the end of the calendar quarter—April 30, July 31, October 31, and January 31.
 - c. The firms that can use Form 941-V, the payment voucher for Form 941, are those that owe less than \$2,500 in federal employment taxes (federal income tax withheld and social security and Medicare taxes) for the quarter.
7. Form W-2 has several purposes. It provides the information about wages earned and taxes withheld during the calendar year that employees need to prepare their personal income tax returns. A copy of Form W-2 must be attached to any income tax returns they file—federal, state, city, or local returns. Form W-2 also provides information needed by the IRS, the Social Security Administration, and state, city, and local tax agencies.
8. Form W-3 is used to report the total wages paid by an employer to all employees during the calendar year and the total federal income tax, social security tax, and Medicare tax withheld during the year. Form W-3 also shows the number of Forms W-2 for the firm's employees that are being submitted to the Social Security Administration. Form W-3 must be filed on or before February 28.
9. The taxable wage base for FUTA is the first \$7,000 earned by an employee during a calendar year. This is the amount of the employee's earnings subject to FUTA tax. Employers must compute FUTA tax at the end of each quarter. If the FUTA tax owed at the end of a quarter is more than \$100, the employer must deposit it by the last day of the following month. Otherwise, the undeposited amount is carried over to the next quarter and added to the liability for that quarter.
10. Schedule B of Form 941 is used to show a firm's daily liability during a quarter for federal employment taxes (federal income tax withheld and social security and Medicare taxes). This schedule is prepared only by firms that are semiweekly depositors.
11. ABC Inc. will be a semiweekly depositor. XYZ Inc. will be a monthly depositor.
12. Only the employer pays the FUTA tax. Both the employee and the employer pay social security and Medicare taxes. The employer must match the employee's contribution.
13. 941 TeleFile is a system that allows some firms to provide the information for Form 941 to the IRS over the telephone. Firms that are eligible for 941 TeleFile and make use of it do not need to prepare the paper version of Form 941.

REVIEW EXERCISES

1.
 - a. Federal taxes owed by Sam's Old-Time Barbeque Restaurant during last lookback period:
 $\$14,248 + \$11,375 + \$12,287 + \$13,620 = \$51,530$
The business is a semiweekly depositor.

- b. Federal taxes owed by Precision Auto Service during last lookback period:
 $\$10,322 + \$12,496 + \$12,840 + \$11,752 = \$47,410$
 The business is a monthly depositor.
2. a. Social security tax owed: $\$69,540 \times .124 = \$8,622.96$
 b. Medicare tax owed: $\$74,625 \times .029 = \$2,164.125 = \$2,164.13$
 c. Total federal taxes owed: $\$9,119 + \$8,622.96 + \$2,164.13 = \$19,906.09$
 d. No balance is due; all taxes have been deposited.
3. a. Taxable wages: $\$353,500 - \$283,500 = \$70,000$
 b. FUTA tax owed: $\$70,000 \times .008 = \560
 c. Total FUTA tax deposited: $\$378 + \$102 = \$480$
 d. FUTA tax owed for first three quarters: $\$378 + \$102 + \$60 = \540
 FUTA tax owed for fourth quarter: $\$560 - \$540 = \$20$
 e. Balance of FUTA tax to be paid: $\$60 + \$20 = \$80$

4. a. and b.

Employee	Federal Income Tax	Social Security Tax	Medicare Tax
Jennifer Dorn	\$129.00	\$75.64	\$17.69
Sharon Li	123.00	48.67	11.38
Kyle Mason	58.00	33.48	7.83
Frank Ortega	83.00	60.45	14.14
Sarah Wells	49.00	39.06	9.14
Martin Ziegler	131.00	83.70	19.58
Totals	\$573.00	\$341.00	\$79.76

- c. Total gross earnings:
 $\$1,220 + \$785 + \$540 + \$975 + \$630 + \$1,350 = \$5,500$
- d. Employer's share is to match amounts withheld:
 Social security = \$341
 Medicare tax = \$79.76
- e. Tax liability for the period:
- | | |
|---------------------------------------|------------|
| Federal income tax withheld | \$573.00 |
| Employer share of social security tax | 341.00 |
| Employee share of social security tax | 341.00 |
| Employer share of Medicare tax | 79.76 |
| Employee share of Medicare tax | 79.76 |
| Total tax liability | \$1,414.52 |
5. a. Total of employer and employee shares of social security tax:
 Jan. 7 payroll: $\$17,690 \times .124 = \$2,193.56$
 Jan. 14 payroll: $\$18,240 \times .124 = \$2,261.76$
 Jan. 21 payroll: $\$17,830 \times .124 = \$2,210.92$
 Jan. 28 payroll: $\$18,580 \times .124 = \$2,303.92$

- b. Total of employer and employee shares of Medicare tax:
 Jan. 7 payroll: $\$17,690 \times .029 = \513.01
 Jan. 14 payroll: $\$18,240 \times .029 = \528.96
 Jan. 21 payroll: $\$17,830 \times .029 = \517.07
 Jan. 28 payroll: $\$18,580 \times .029 = \538.82
- c. Deposits of federal taxes:
 Jan. 7 payroll: $\$1,945 + \$2,193.56 + \$513.01 = \$4,651.57$
 Jan. 14 payroll: $\$2,006 + \$2,261.76 + \$528.96 = \$4,796.72$
 Jan. 21 payroll: $\$1,961 + \$2,210.92 + \$517.07 = \$4,688.99$
 Jan. 28 payroll: $\$2,044 + \$2,303.92 + \$538.82 = \$4,886.74$
6. a. Employer's share of social security tax:
 $\$264,000 \times .062 = \$16,368$
 b. Employer's share of Medicare tax:
 $\$288,000 \times .145 = \$4,176$
 c. FUTA tax owed:
 $\$67,200 \times .008 = \537.60
7. a. Wages subject to FUTA tax:
- | | |
|------------------|----------|
| Abdul Ahmed | \$ 7,000 |
| Michael Chase | 7,000 |
| Denise DeFalco | 6,800 |
| Ruth Foster | 7,000 |
| Shawn Sellers | 7,000 |
| Mary Warren | 7,000 |
| Jordan Whitfield | 6,950 |
| Total | \$48,750 |
- b. FUTA tax owed:
 $\$48,750 \times .008 = \390.00

PROBLEMS

1. a. Social security tax withheld:
 Steven Schiff: $\$87,900 \times .062 = \$5,449.80$
 Donna Lopez: $\$87,900 \times .062 = \$5,449.80$
 Reed McPherson: $\$66,000 \times .062 = \$4,092$
 Joan Selby: $\$37,000 \times .062 = \$2,294$
 b. Medicare tax withheld:
 Steven Schiff: $\$128,000 \times .0145 = \$1,856$
 Donna Lopez: $\$95,000 \times .0145 = \$1,377.50$
 Reed McPherson: $\$66,000 \times .0145 = \957
 Joan Selby: $\$37,000 \times .0145 = \536.50
 c. Social security tax owed by firm must match amounts withheld: $\$5,449.80 + \$5,449.80 + \$4,092 + \$2,294 = \$17,285.60$
 d. Medicare tax owed by firm must match amounts withheld: $\$1,856 + \$1,377.50 + \$957 + \$536.50 = \$4,727$
2. a. Social security tax owed: $\$139,250 \times .124 = \$17,267$
 b. Medicare tax owed: $\$149,250 \times .029 = \$4,328.25$

- e. Balance of FUTA tax to be paid: $\$30.20 + \$23.10 = \$53.30$

EXERCISE 9-1

- ## EXERCISE 9-2

- | | |
|---------------------------------------|-------------------|
| a. and b. | |
| Federal income tax withheld | \$1,118.00 |
| Employee share of social security tax | 629.92 |
| Employer share of social security tax | 629.92 |
| Employee share of Medicare tax | 147.32 |
| Employer share of Medicare tax | 147.32 |
| Total federal taxes owed | <u>\$2,672.48</u> |
| c. Monthly depositor | |
| d. See below. | |

Copyright © 2006 by the McGraw-Hill Companies, Inc. All rights reserved.

EXERCISE 9-3

Form **941**
(Rev. January 2004)
Department of the Treasury
Internal Revenue Service (99)

Employer's Quarterly Federal Tax Return

► See separate instructions revised January 2004 for information on completing this return.

Please type or print.

Enter state code for state in which deposits were made **only** if different from state in address to the right ► (see page 2 of separate instructions).

Name (as distinguished from trade name)

Date quarter ended

OMB No. 1545-0029

Trade name, if any

Employer identification number

T

FF

FD

FP

I

T

VANGUARD MEDIA

77-3462800

Address (number and street)

City, state, and ZIP code

3793 MONUMENT STREET

DOWNEY, CA 90241

If address is different from prior return, check here ►

IRS Use

1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	4	4	4	5	5	5
6	7	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	10	10	10	10	10	10

A If you **do not have to file** returns in the future, check here ► and enter date final wages paid ►

B If you are a seasonal employer, see **Seasonal employers** on page 1 of the instructions and check here ►

1	Number of employees in the pay period that includes March 12th .	► 1	5			
2	Total wages and tips, plus other compensation (see separate instructions)	2	40,730	00		
3	Total income tax withheld from wages, tips, and sick pay	3	4,476	00		
4	Adjustment of withheld income tax for preceding quarters of this calendar year	4				
5	Adjusted total of income tax withheld (line 3 as adjusted by line 4)	5	4,476	00		
6	Taxable social security wages	6a	40,730	00	× 12.4% (.124) =	6b 5,050 52
	Taxable social security tips	6c			× 12.4% (.124) =	6d
7	Taxable Medicare wages and tips	7a	40,730	00	× 2.9% (.029) =	7b 1,181 17
8	Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax	8	6,231	69		
9	Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ ± Fractions of Cents \$ ± Other \$ =	9				
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9)	10	6,231	69		
11	Total taxes (add lines 5 and 10)	11	10,707	69		
12	Advance earned income credit (EIC) payments made to employees (see instructions)	12				
13	Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))	13	10,707	69		
14	Total deposits for quarter, including overpayment applied from a prior quarter	14	10,707	69		
15	Balance due (subtract line 14 from line 13). See instructions	15				
16	Overpayment. If line 14 is more than line 13, enter excess here ► \$ and check if to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded.					

- **All filers:** If line 13 is less than \$2,500, **do not** complete line 17 or Schedule B (Form 941).
- **Semiweekly schedule depositors:** Complete Schedule B (Form 941) and check here
- **Monthly schedule depositors:** Complete line 17, columns (a) through (d), and check here.

17 Monthly Summary of Federal Tax Liability. (Complete Schedule B (Form 941) instead, if you were a semiweekly schedule depositor.)			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter
3,480.26	3,606.93	3,620.50	10,707.69

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see separate instructions)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No	
	Designee's name ►	Personal identification number (PIN) ►
Sign Here	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.	
	Signature ►	Date ► 4/23/05

For Privacy Act and Paperwork Reduction Act Notice, see back of Payment Voucher. Cat. No. 17001Z Form 941 (Rev. 1-2004)

EXERCISE 9-4

a Control number		22222		Void <input type="checkbox"/> For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number			1 Wages, tips, other compensation		2 Federal income tax withheld
52-2645983			42240.00		3996.00
c Employer's name, address, and ZIP code Alliance Communications 922 Vernon Street Hatward, CA 94545			3 Social security wages		4 Social security tax withheld
			42240.00		2618.88
			5 Medicare wages and tips		6 Medicare tax withheld
			42240.00		612.48
			7 Social security tips		8 Allocated tips
d Employee's social security number			9 Advance EIC payment		10 Dependent care benefits
073-48-9961					
e Employee's name (first, middle initial, last) Susan A. Silver <hr/> 6169 Rosemont Avenue Hayward, CA 94545			11 Nonqualified plans		12 Benefits included in box 1
			13 See instrs. for box 13		14 Other 498.43 CASDI
f Employee's address and ZIP code			15 Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Deferred compensation <input type="checkbox"/>		
16 State	Employer's state I.D. no.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.
CA	317-8642-7	42,240.00	814.80		
					21 Local income tax

Form **W-2** Wage and Tax Statement **2005**

Department of the Treasury—Internal Revenue Service

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

Copy A For Social Security Administration—Send this entire page with Form W-3 to the Social Security Administration; photocopies are Not acceptable.

Cat. No. 10134D

EXERCISE 9-5

DO NOT STAPLE OR FOLD

a Control number		33333		For Official Use Only ▶ OMB No. 1545-0008	
b Kind of Payer	941 <input checked="" type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	1 Wages, tips, other compensation	2 Federal income tax withheld
	CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	
c Total number of Forms W-2		d Establishment number		3 Social security wages	4 Social security tax withheld
12				\$ 549620.00	\$ 32432.82
e Employer identification number		5 Medicare wages and tips		6 Medicare tax withheld	
76-1328564		\$ 549620.00		\$ 7969.49	
f Employer's name		7 Social security tips		8 Allocated tips	
Fontana Real Estate Company		\$		\$	
g Employer's address and ZIP code		9 Advance EIC payments		10 Dependent care benefits	
5258 Silk Road		\$		\$	
Paterson, NJ 07503		11 Nonqualified plans		12 Deferred compensation	
		\$		\$	
h Other EIN used this year		13 For third-party sick pay use only			
		14 Income tax withheld by payer of third-party sick pay			
		\$			
15 State	Employer's state ID number	16 State wages, tips, etc.		17 State income tax	
	42-4797238	\$		\$	
		18 Local wages, tips, etc.		19 Local income tax	
		\$		\$	
Contact person		Telephone number		For Official Use Only	
Marie Fontana		(201) 555-8655			
E-mail address		Fax number			
		()			

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶ **President**

Date ▶ **2/21/05**

Form **W-3 Transmittal of Wage and Tax Statements**

2005

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration. Photocopies are not acceptable.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

EXERCISE 9-6

1. FUTA tax owed for first quarter \$420.08
 FUTA tax owed for second quarter 251.04
 FUTA tax owed for third quarter 97.216 = 97.22
 FUTA tax owed for fourth quarter 57.96

2. a. Yes
 b. April 30
 c. Yes
 d. July 31
 e. No
 f. Not applicable
 g. Yes
 h. January 31

EXERCISE 9-7

AMOUNT OF DEPOSIT (Do NOT type, please print.)		DOLLARS		CENTS		
MONTH TAX YEAR ENDS →	[] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	
		[] [] [] [] [] []		[] [] [] [] [] []		
EMPLOYER IDENTIFICATION NUMBER →		[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []				
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">BANK NAME/ DATE STAMP</div>		Name <u>SUSIE'S PRIMARY SCHOOL</u>				<div style="border: 1px solid black; padding: 5px; font-size: small;">IRS USE ONLY</div>
		Address <u>37113 GILL BRIDGE ROAD</u>				
		City <u>FRESNO</u>				
		State <u>CA</u> ZIP <u>93705</u>				
		Telephone number <u>(214) 555-7621</u>				
<div style="border: 1px solid black; padding: 5px;"> Federal Tax Deposit Coupon Form 8109-B (Rev. 12-2002) </div>		FOR BANK USE IN MICR ENCODING				

EXERCISE 9-8

Form 940-EZ Department of the Treasury Internal Revenue Service	Employer's Annual Federal Unemployment (FUTA) Tax Return ▶ See the separate Instructions for Form 940-EZ for information on completing this form.	OMB No. 1545-1110 <div style="font-size: 2em; font-weight: bold;">2004</div>
--	---	---

Name (as distinguished from trade name) _____ Trade name, if any MAJESTIC MOVIE THEATER Address (number and street) 22 OAK AVENUE	Calendar year 2004 Employer identification number (EIN) 37-6061227 City, state, and ZIP code SPRINGFIELD, VA 22153
---	--

You must complete this section. ▶

Answer the questions under **Who May Use Form 940-EZ** on page 2. If you cannot use Form 940-EZ, you must use Form 940.

A Enter the amount of contributions paid to your state unemployment fund (see the separate instructions) . . . ▶ **\$ 3,098.52**

B (1) Enter the name of the state where you have to pay contributions . . . ▶ **Virginia**
 (2) Enter your state reporting number as shown on your state unemployment tax return ▶ **62-8846-7**

If you will not have to file returns in the future, check here (see **Who Must File** in separate instructions) and complete and sign the return. ▶ ☐

If this is an Amended Return, check here (see **Amended Returns** in the separate instructions) . . . ▶ ☐

Part I Taxable Wages and FUTA Tax					
1	Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees	1	335,620	00	
2	Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶	2	-0-		
3	Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee (see the separate instructions)	3	172,540	00	
4	Add lines 2 and 3	4	172,540	00	
5	Total taxable wages (subtract line 4 from line 1)	5	163,080	00	
6	FUTA tax. Multiply the wages on line 5 by .008 and enter here. (If the result is over \$100, also complete Part II.)	6	1,304	00	
7	Total FUTA tax deposited for the year, including any overpayment applied from a prior year	7	1,304	00	
8	Balance due (subtract line 7 from line 6). Pay to the "United States Treasury." If you owe more than \$100, see Depositing FUTA tax in the separate instructions.	8	-0-		
9	Overpayment (subtract line 6 from line 7). Check if it is to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded ▶	9			

Part II Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability.) Complete only if line 6 is over \$100.					
Quarter	First (Jan. 1 – Mar. 31)	Second (Apr. 1 – June 30)	Third (July 1 – Sept. 30)	Fourth (Oct. 1 – Dec. 31)	Total for year
Liability for quarter	685.44	474.57	91.37	53.26	1,304.64

Third-Party Designee	Do you want to allow another person to discuss this return with the IRS (see the separate instructions)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No
	Designee's name ▶ _____ Phone no. ▶ () _____ Personal identification number (PIN) ▶

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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Signature ▶ _____	Title (Owner, etc.) ▶ President	Date ▶ 1/26/06
-------------------	--	-----------------------

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. ▼ **DETACH HERE** ▼ Cat. No. 10983G Form **940-EZ** (2004)

ALTERNATE LEARNING THROUGH PRACTICE EXERCISES

EXERCISE 9-1A

a. and b.

Federal income tax withheld	\$442.62
Employee share of social security tax	224.96
Employer share of social security tax	224.94
Employee share of Medicare tax	52.61
Employer share of Medicare tax	52.61
Total federal taxes owed	<u>\$997.74</u>

c. Monthly depositor

EXERCISE 9-2A

a. and b.

Federal income tax withheld	\$2,749.00
Employee share of social security tax	1,397.48
Employer share of social security tax	1,397.48
Employee share of Medicare tax	326.83
Employer share of Medicare tax	326.83
Total federal taxes owed	<u>\$6,197.62</u>

c. Semiweekly depositor

d. See below.

MONTH TAX YEAR ENDS →		AMOUNT OF DEPOSIT (Do NOT type, please print.)																										
		DOLLARS	CENTS																									
		6 1 9 7 6 2																										
EMPLOYER IDENTIFICATION NUMBER →		4 2 3 1 8 1 1 9 3																										
BANK NAME/ DATE STAMP	Name		DELUXE BRIDAL CREATIONS																									
	Address		8620 LINCOLN AVENUE																									
	City		DES MOINES																									
	State		IA																									
	ZIP		50314																									
		IRS USE ONLY																										
		<table border="1"> <tr> <th colspan="2">Darken only one TYPE OF TAX</th> <th rowspan="5">a n d</th> <th colspan="2">Darken only one TAX PERIOD</th> </tr> <tr> <td>941</td> <td>945</td> <td>1st Quarter</td> </tr> <tr> <td>990-C</td> <td>1120</td> <td>2nd Quarter</td> </tr> <tr> <td>943</td> <td>990-T</td> <td>3rd Quarter</td> </tr> <tr> <td>720</td> <td>990-PF</td> <td>4th Quarter</td> </tr> <tr> <td>CT-1</td> <td>1042</td> <td></td> <td></td> </tr> <tr> <td>940</td> <td></td> <td></td> <td></td> </tr> </table>		Darken only one TYPE OF TAX		a n d	Darken only one TAX PERIOD		941	945	1st Quarter	990-C	1120	2nd Quarter	943	990-T	3rd Quarter	720	990-PF	4th Quarter	CT-1	1042			940			
Darken only one TYPE OF TAX		a n d	Darken only one TAX PERIOD																									
941	945		1st Quarter																									
990-C	1120		2nd Quarter																									
943	990-T		3rd Quarter																									
720	990-PF		4th Quarter																									
CT-1	1042																											
940																												
		35																										
Telephone number (515) 728-9134		FOR BANK USE IN MICR ENCODING																										

Federal Tax Deposit Coupon
Form 8109-B (Rev. 12-2002)

EXERCISE 9-3A

Form **941**
(Rev. January 2004)
Department of the Treasury
Internal Revenue Service (99)

Employer's Quarterly Federal Tax Return

► See separate instructions revised January 2004 for information on completing this return.

Please type or print.

Enter state code for state in which deposits were made **only** if different from state in address to the right ► ☐ (see page 2 of separate instructions).

Name (as distinguished from trade name)

Date quarter ended

OMB No. 1545-0029

Trade name, if any

Employer identification number

T

SPORTS WATCH

81-4573912

FF

Address (number and street)

City, state, and ZIP code

FD

9801 DELTA DRIVE

DOWNEY, CA 90241

FP

I

T

If address is different from prior return, check here ► ☐

IRS Use

1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	4	4	4	5	5	5
6	7	8	8	8	8	8	8	8	8	8	9	9	9	9	9	10	10	10	10	10	10	10	10

A If you do not have to file returns in the future, check here ► ☐ and enter date final wages paid ►

B If you are a seasonal employer, see **Seasonal employers** on page 1 of the instructions and check here ► ☐

1	Number of employees in the pay period that includes March 12th . ►	1	4			
2	Total wages and tips, plus other compensation (see separate instructions)	2	34,076	00		
3	Total income tax withheld from wages, tips, and sick pay	3	3,732	00		
4	Adjustment of withheld income tax for preceding quarters of this calendar year	4	-0-			
5	Adjusted total of income tax withheld (line 3 as adjusted by line 4)	5	3,732	00		
6	Taxable social security wages	6a	34,076	00	× 12.4% (.124) =	6b 4,225 42
	Taxable social security tips	6c	-0-		× 12.4% (.124) =	6d -0-
7	Taxable Medicare wages and tips	7a	34,076	00	× 2.9% (.029) =	7b 988 20
8	Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax	8	5,213	62		
9	Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ _____ ± Fractions of Cents \$ _____ ± Other \$ _____ =	9	-0-			
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9)	10	5,213	62		
11	Total taxes (add lines 5 and 10)	11	8,945	62		
12	Advance earned income credit (EIC) payments made to employees (see instructions)	12	-0-			
13	Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))	13	8,945	62		
14	Total deposits for quarter, including overpayment applied from a prior quarter	14	8,945	62		
15	Balance due (subtract line 14 from line 13). See instructions	15	-0-			
16	Overpayment. If line 14 is more than line 13, enter excess here ► \$ _____ and check if to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded.					

- **All filers:** If line 13 is less than \$2,500, **do not** complete line 17 or Schedule B (Form 941).
- **Semiweekly schedule depositors:** Complete Schedule B (Form 941) and check here ► ☐
- **Monthly schedule depositors:** Complete line 17, columns (a) through (d), and check here. ► ☒

17 Monthly Summary of Federal Tax Liability. (Complete Schedule B (Form 941) instead, if you were a semiweekly schedule depositor.)			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter
2,783.26	3,140.06	3,022.30	8,945.62

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see separate instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No	
	Designee's name ►	Phone no. ► () Personal identification number (PIN) ►
Sign Here	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.	
	Signature ►	Print Your Name and Title ► Daniel Metz, President Date ► 4/21/05

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

Cat. No. 17001Z

Form **941** (Rev. 1-2004)

EXERCISE 9-4A

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number 63-3756094				1 Wages, tips, other compensation 45000.00		2 Federal income tax withheld 4356.00	
c Employer's name, address, and ZIP code Ross Biotech Research 1241 Fremont Avenue Hayward, CA 94545				3 Social security wages 45000.00		4 Social security tax withheld 2790.00	
				5 Medicare wages and tips 45000.00		6 Medicare tax withheld 652.50	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 184-59-1272				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Kristen M.		Last name Palmer		11 Nonqualified plans		12a See instructions for box 12	
219 Harlan Street Hayward, CA 94545		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		12c	
				12d			
f Employee's address and ZIP code				14 Other 531.00 CASDI			
15 State CA		Employer's state ID number 428-9753-8		16 State wages, tips, etc. 45000.00		17 State income tax 910.80	
						18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2005

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.


Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

EXERCISE 9-5A

DO NOT STAPLE OR FOLD

a Control number 33333		For Official Use Only ▶ OMB No. 1545-0008	
b Kind of Payer 	941 <input checked="" type="checkbox"/> X	Military <input type="checkbox"/> 943 <input type="checkbox"/>	1 Wages, tips, other compensation 697580.00
	CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	2 Federal income tax withheld 76664.00
c Total number of Forms W-2 15	d Establishment number	3 Social security wages 692130.00	4 Social security tax withheld 42912.06
e Employer identification number 65-0217453		5 Medicare wages and tips 697580.00	6 Medicare tax withheld 10114.91
f Employer's name De Souza Home Health Care 672 Davis Avenue Paterson, NJ 07503		7 Social security tips	8 Allocated tips
		9 Advance EIC payments	10 Dependent care benefits
		11 Nonqualified plans	12 Deferred compensation
		13 For third-party sick pay use only	
g Employer's address and ZIP code		14 Income tax withheld by payer of third-party sick pay	
h Other EIN used this year			
15 State NJ Employer's state ID number 31-3686127		16 State wages, tips, etc. 697580.00	17 State income tax 21927.00
		18 Local wages, tips, etc.	19 Local income tax
Contact person Rosemary De Souza	Telephone number (201) 426-7543	For Official Use Only	
E-mail address	Fax number ()		

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶ **President**

Date ▶ **2/19/05**

Form **W-3 Transmittal of Wage and Tax Statements**

2005

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration.
Photocopies are not acceptable.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

EXERCISE 9-6A

1. FUTA tax owed for first quarter \$771.44
 FUTA tax owed for second quarter 347.08
 FUTA tax owed for third quarter 170.00
 FUTA tax owed for fourth quarter $69.376 = 69.38$
2. a. Yes
 b. April 30
 c. Yes
 d. July 31
 e. Yes
 f. October 31
 g. No
 h. —

EXERCISE 9-7A

MONTH TAX YEAR ENDS →		AMOUNT OF DEPOSIT (Do NOT type, please print.)		Darken only one TYPE OF TAX		Darken only one TAX PERIOD	
		DOLLARS	CENTS				
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px; position: relative;"> <div style="position: absolute; top: 5px; left: 5px; font-size: 8px;">BANK NAME/ DATE STAMP</div> </div>		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 45962 </div>		<input checked="" type="radio"/> 941	<input type="radio"/> 945	<input checked="" type="radio"/> 1st Quarter	
		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 888722406 </div>		<input type="radio"/> 990-C	<input type="radio"/> 1120	<input type="radio"/> 2nd Quarter	
		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 888722406 </div>		<input type="radio"/> 943	<input type="radio"/> 990-T	<input type="radio"/> 3rd Quarter	
		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 888722406 </div>		<input type="radio"/> 720	<input type="radio"/> 990-PF	<input type="radio"/> 4th Quarter	
		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 888722406 </div>		<input type="radio"/> CT-1	<input type="radio"/> 1042		
				<input type="radio"/> 940			35

EMPLOYER IDENTIFICATION NUMBER →

Name PARK WEST DENTAL ASSOCIATES
 Address 672 PARK WEST DRIVE
 City FRESNO
 State CA ZIP 93705

IRS USE ONLY
☐

Telephone number (214) 316-5407

Federal Tax Deposit Coupon
Form 8109-B (Rev. 12-2002)

FOR BANK USE IN MICR ENCODING

EXERCISE 9-8A

Form **940-EZ**Department of the Treasury
Internal Revenue Service**Employer's Annual Federal
Unemployment (FUTA) Tax Return**

▶ See the separate Instructions for Form 940-EZ for information on completing this form.

OMB No. 1545-1110

2005**You must
complete
this section.** ▶

Name (as distinguished from trade name)

Calendar year

2005Trade name, if any
ROYAL MOTEL

Employer identification number (EIN)

48-7172338

Address (number and street)

18 ELM AVENUE

City, state, and ZIP code

**SPRINGFIELD,
VA 22153**

T	
FF	
FD	
FP	
I	
T	

Answer the questions under **Who May Use Form 940-EZ** on page 2. If you cannot use Form 940-EZ, you must use Form 940.**A** Enter the amount of contributions paid to your state unemployment fund (see the separate instructions) . . . ▶ \$ **2,497.74****B** (1) Enter the name of the state where you have to pay contributions . . . ▶ **Virginia**

(2) Enter your state reporting number as shown on your state unemployment tax return ▶

If you will not have to file returns in the future, check here (see **Who Must File** in separate instructions) and complete and sign the return. ▶ ☐If this is an Amended Return, check here (see **Amended Returns** in the separate instructions) . . . ▶ ☐**Part I Taxable Wages and FUTA Tax**

1	Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees	1	252,780 00
2	Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶	2	- 0 -
3	Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee (see the separate instructions)	3	121,370 00
4	Add lines 2 and 3	4	121,370 00
5	Total taxable wages (subtract line 4 from line 1) ▶	5	131,410 00
6	FUTA tax. Multiply the wages on line 5 by .008 and enter here. (If the result is over \$100, also complete Part II.)	6	1,051 28
7	Total FUTA tax deposited for the year, including any overpayment applied from a prior year	7	1,051 28
8	Balance due (subtract line 7 from line 6). Pay to the "United States Treasury." ▶ If you owe more than \$100, see Depositing FUTA tax in the separate instructions.	8	- 0 -
9	Overpayment (subtract line 6 from line 7). Check if it is to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded ▶	9	

Part II Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability.) Complete only if line 6 is over \$100.

Quarter	First (Jan. 1 – Mar. 31)	Second (Apr. 1 – June 30)	Third (July 1 – Sept. 30)	Fourth (Oct. 1 – Dec. 31)	Total for year
Liability for quarter	505.56	363.81	132.95	48.96	1,051.28

**Third-
Party
Designee**Do you want to allow another person to discuss this return with the IRS (see the separate instructions)? ☐ Yes. Complete the following. ☒ NoDesignee's
name ▶Phone
no. ▶ ()Personal identification
number (PIN) ▶

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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Signature ▶

Title (Owner, etc.) ▶ **President**Date ▶ **1/27/05**

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

DETACH HERE ▼

Cat. No. 10983G

Form **940-EZ** (2004)