

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2020**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://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: <i>Sept. 12</i> (Quarter 3) or <i>Dec. 12</i> (Quarter 4)	1	<input type="text" value="0"/>
2	Wages, tips, and other compensation	2	<input type="text" value="17,861.30"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="1,273.00"/>
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="17,861.30"/> × 0.124 =	<input type="text" value="2,214.80"/>
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="17,861.30"/> × 0.029 =	<input type="text" value="517.98"/>
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="2,732.78"/>
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="4,005.78"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="-0.02"/>
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="4,005.76"/>
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 from Worksheet 1	11b	<input type="text"/>
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	<input type="text"/>

Name (not your trade name) <b>Alan Rowe</b>	Employer identification number (EIN) <b>20-8714329</b>
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**Part 1: Answer these questions for this quarter. (continued)**

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c . . . . .	11d	<input style="width:90%;" type="text"/>
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 . . . . .	12	<input style="width:90%;" type="text" value="4,005.76"/>
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:90%;" type="text"/>
13b Deferred amount of social security tax . . . . .	13b	<input style="width:90%;" type="text"/>
13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 . . . . .	13c	<input style="width:90%;" type="text"/>
13d Refundable portion of employee retention credit from Worksheet 1 . . . . .	13d	<input style="width:90%;" type="text"/>
13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d . . . . .	13e	<input style="width:90%;" type="text"/>
13f Total advances received from filing Form(s) 7200 for the quarter . . . . .	13f	<input style="width:90%;" type="text"/>
13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e . . . . .	13g	<input style="width:90%;" type="text"/>
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . . .	14	<input style="width:90%;" type="text" value="4,005.76"/>
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" value="1,278.28"/>
	Month 2	<input style="width:95%;" type="text" value="1,104.66"/>
	Month 3	<input style="width:95%;" type="text" value="1,622.82"/>
	Total liability for quarter	<input style="width:95%;" type="text" value="4,005.76"/>

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) Alan Rowe	Employer identification number (EIN) 20-8714329
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**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 . . . . .  Check here, and enter the final date you paid wages ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . .  Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages . . . . . 19

20 Qualified health plan expenses allocable to qualified family leave wages . . . . . 20

21 Qualified wages for the employee retention credit . . . . . 21

22 Qualified health plan expenses allocable to wages reported on line 21 . . . . . 22

23 Credit from Form 5884-C, line 11, for this quarter . . . . . 23

24 Deferred amount of the employee share of social security tax included on line 13b . . . . . 24

25 Reserved for future use . . . . . 25

**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. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

*Alan Rowe*

Print your name here

Print your title here

Date

Best daytime phone

**Paid Preparer Use Only**

Check if you're self-employed

Preparer's name

PTIN

Preparer's signature *Amanda Z. Lockhart*

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City  State

ZIP code

▶ Don't staple this voucher or your payment to Form 941.

<b>1</b> Enter your employer identification number (EIN). 20-8714329		<b>2</b> <b>Enter the amount of your payment. ▶</b> Make your check or money order payable to "United States Treasury"	Dollars Cents 4,005.76
<b>3</b> Tax Period		<b>4</b> Enter your business name (individual name if sole proprietor). Alan Rowe	
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	Enter your address. 3390 Spring Creek Road	
<input type="radio"/> 2nd Quarter	<input checked="" type="radio"/> 4th Quarter	Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/county, and foreign postal code. Estill Springs TN 37330-3808	

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