

Form 941
 (Rev. January 2000)
 Department of the Treasury
 Internal Revenue Service

Employer's Quarterly Federal Tax Return
 ▶ See separate instructions 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 instructions). MO

Name (as distinguished from trade name) Date quarter ended
March 30, 20--

Trade name, if any Employer identification number
43-0211630

Westly, Inc City, state, and ZIP code
St. Louis, Mo 63115-8230

Address (number and street)
5221 Natural Bridge

OMB No. 1545-0029

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FP
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If address is different from prior return, check here

1	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	8	9	9	9	9	9	9	9	10	10	10	10	10	10

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

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 . ▶ 8

2	Total wages and tips, plus other compensation	65,160.00
3	Total income tax withheld from wages, tips, and sick pay	7,595.80
4	Adjustment of withheld income tax for preceding quarters of calendar year	0
5	Adjusted total of income tax withheld (line 3 as adjusted by line 4—see instructions)	7,595.80
6a	Taxable social security wages	65,160.00
6b	Taxable social security tips	0
7a	Taxable Medicare wages and tips	65,160.00
7b		
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	9,969.48
9	Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ _____ ± Fractions of Cents \$ _____ ± Other \$ _____ =	0
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9—see instructions)	9,969.48
11	Total taxes (add lines 5 and 10)	17,565.28
12	Advance earned income credit (EIC) payments made to employees	
13	Net taxes (subtract line 12 from line 11). If \$1,000 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))	17,565.28
14	Total deposits for quarter, including overpayment applied from a prior quarter	17,565.28
15	Balance due (subtract line 14 from line 13). See instructions	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 \$1,000, you need 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. Do not complete if you were a semiweekly schedule depositor.			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter
5,850.88	5,690.77	6,023.63	17,565.28

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 ▶ *William P. Jones* Print Your Name and Title ▶ *Treasurer* Date ▶ *4/30/--*

For Privacy Act and Paperwork Reduction Act Notice, see back of Payment Voucher. Cat. No. 17001Z Form 941 (Rev. 1-2000)

FIGURE 9-7 Employer's Quarterly Federal Tax Return (Form 941)