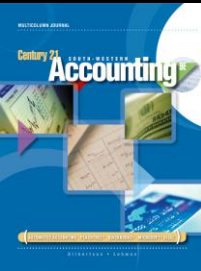


LESSON 13-3

Reporting Withholding And Payroll Taxes

EMPLOYER ANNUAL REPORT TO EMPLOYEES OF TAXES WITHHELD



a Control number 22222		Void <input type="checkbox"/>	For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number 31-0429632		1 Wages, tips, other compensation 24,843.00		2 Federal income tax withheld 648.00		
c Employer's name, address, and ZIP code Hobby Shack, Inc. 1420 College Plaza Atlanta, GA 30337-1726		3 Social security wages 24,843.00		4 Social security tax withheld 1,540.24		
		5 Medicare wages and tips 24,843.00		6 Medicare tax withheld 360.21		
		7 Social security tips		8 Allocated tips		
d Employee's social security number 450-70-6432		9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Rick E.		Last name Selby		11 Nonqualified plans		
1625 Northland Drive Clarkdale, GA 30020-6523		12a See instructions for box 12		12b		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c		
		14 Other		12d		
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	
					20 Locality name	

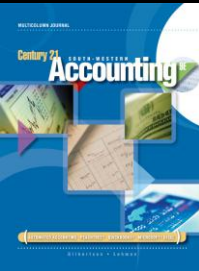
Form **W-2** Wage and Tax Statement

20--

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



EMPLOYER'S QUARTERLY FEDERAL TAX RETURN

(continued on next slide)

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)
Hobby Shack, Inc.
Trade name, if any

Date quarter ended
December 31, 20--

Employer identification number
31-0429532

City, state, and ZIP code
Atlanta GA
30337-1726

OMB No. 1545-0029

T
FF
FD
FP
I
T

If address is different from prior return, check here ▶

1	1	1	1	1	1	1	1	1	1	2	3	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	9	10	10	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 ▶ check here ▶

1	Number of employees in the pay period that includes March 12th . ▶	1	6			
2	Total wages and tips, plus other compensation (see separate instructions)	2	32,980	00	00	
3	Total income tax withheld from wages, tips, and sick pay	3	2,168	00	00	
4	Total federal income tax withheld from wages, tips, and sick pay	4	-	0	-	
5	Total federal income tax withheld from wages, tips, and sick pay	5	2,168	00	00	

1. Heading

2. Number of employees

EMPLOYER'S QUARTERLY FEDERAL TAX RETURN

(continued on next slide)

page 379

		6	7	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9
A If you do not have to file returns in the future, check here <input type="checkbox"/> and enter date final wages paid <input type="checkbox"/>																		
B If you are a seasonal employer, see Seasonal employers on page 1 of the instructions and check here <input type="checkbox"/>																		
1	Number of employees in the pay period that includes March 12th	▶	1	6														
2	Total wages and tips, plus other compensation (see separate instructions)	2	32,980	00														
3	Total income tax withheld from wages, tips, and sick pay	3	2,168	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	2,168	00														
6	Taxable social security wages	6a	32,980	00	×	12.4%	(.124)	=	6b	4,089	52							
	Taxable social security tips	6c	-	0-	×	12.4%	(.124)	=	6d	-	0-							
7	Taxable Medicare wages and tips	7a	32,980	00	×	2.9%	(.029)	=	7b	956	42							
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	5,045	94														
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	5,045	94														
11	Total taxes (add lines 5 and 10)	11	7,213	94														
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	7,213	94														
14	Total deposit for overpayment applied from a prior quarter	14	7,213	94														

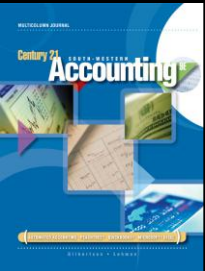
3. Total quarterly earnings

4. Income tax withheld

5. Employee and employer social security and Medicare taxes

6. Social security plus Medicare taxes

7. Total taxes



EMPLOYER'S QUARTERLY FEDERAL TAX RETURN

(continued from previous slide)

14 Total deposits for quarter, including overpayment applied from 13, enter here

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: Applied to next return or 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, 2 7 1 . 4 4	2, 3 9 4 . 7 0	2, 5 4 7 . 8 0	7, 2 1 3 . 9 4

Do **8** you want to allow another person to **8** file your return with the IRS (see separate instructions)? Yes. Complete the following. No **9**

Third Party Designee: Name **8**, Phone no. **8**, Personal identification number (PIN) **8**

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 ▶ *Janice Kellogg* Print Your Name and Title ▶ Janice Kellogg, Manager Date ▶ 1/24/--

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8. Total taxes for each month

9. Total taxes

EMPLOYER ANNUAL REPORTING OF PAYROLL TAXES

page 381

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"/>
	CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare gov. emp. <input type="checkbox"/>
		Third-party sick pay <input type="checkbox"/>	
c Total number of Forms W-2		d Establishment number	
e Employer identification number 31-0429632		1 Wages, tips, other compensation 104,525.00	2 Federal income tax withheld 6,790.00
f Employer's name Hobby Shack, Inc. 1420 College Plaza Atlanta, GA 30337-1726		3 Social security wages 104,525.00	4 Social security tax withheld 6,480.55
g Employer's address and ZIP code		5 Medicare wages and tips 104,525.00	6 Medicare tax withheld 1,515.61
h Other EIN used this year		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	
		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
		18 Local wages, tips, etc.	19 Local income tax
Contact person Janice Kellogg		Telephone number (404) 555-9368	For Official Use Only
Email address jkellogg@hobbys shack.com		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 ▶ *Janice Kellogg*Title ▶ *Manager*Date ▶ *2/27/--*Form **W-3 Transmittal of Wage and Tax Statements** 20--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.