

Transaction No. 35

Form **941 for 20--**: Employer's **QUARTERLY** Federal Tax Return
 (Rev. January 2017) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

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 20--
 (Check one.)

- ☐ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December

Instructions and prior year forms are available at www.irs.gov/form941.

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: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 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 and go to line 6.
- | | Column 1 | | Column 2 |
|--|----------------------|-----------|-------------------------|
| 5a Taxable social security wages . . . | <input type="text"/> | × 0.124 = | <input type="text"/> |
| 5b Taxable social security tips . . . | <input type="text"/> | × 0.124 = | <input type="text"/> |
| 5c Taxable Medicare wages & tips. . . | <input type="text"/> | × 0.029 = | <input type="text"/> |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text"/> | | × 0.009 = | <input type="text"/> |
| 5e Add Column 2 from lines 5a, 5b, 5c, and 5d . . . | | | 5e <input type="text"/> |
| 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"/> |
| 7 Current quarter's adjustment for fractions of cents . . . | | | 7 <input type="text"/> |
| 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"/> |
| 11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . | | | 11 <input type="text"/> |
| 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . | | | 12 <input type="text"/> |
| 13 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 . . . | | | 13 <input type="text"/> |
| 14 Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . | | | 14 <input type="text"/> |
| 15 Overpayment. If line 13 is more than line 12, enter the difference <input type="text"/> | | | 15 <input type="text"/> |

Check one: ☐ Apply to next return. ☐ Send a refund.

► You MUST complete both pages of Form 941 and SIGN it.

Next ►

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

Cat. No. 17001Z

Form **941** (Rev. 1-2017)

Transaction No. 35 (concluded)

Name (not your trade name) GLO-BRITE PAINT COMPANY	Employer identification number (EIN) 00-0000660
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Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are 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 (line 10 if the prior quarter was the fourth quarter of 2016) 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 (line 10 if the prior quarter was the fourth quarter of 2016) 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 are a monthly schedule depositor, complete the deposit schedule below; if you are 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

Month 2

Month 3

Total liability for quarter 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.

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 / / .

- 18 If you are a seasonal employer and you don't have to file a return for every quarter 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 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.

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 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.

X

Sign your
name here

Print your
name here

Print your
title here

Date / /

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name

PTIN

Preparer's signature

Date / /

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

EIN

Address

Phone

City State

ZIP code

Transaction No. 10

22222		Void ☐	a Employee's social security number		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9 Verification code		10 Dependent care benefits	
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code			13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b	
			14 Other		12c	
					12d	
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
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Act Notice, see the separate instructions.

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Transaction No. 24

22222		Void ☐	a Employee's social security number		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
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Transaction No. 36

Form **940 for 20--:** Employer's Annual Federal Unemployment (FUTA) Tax Return

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0028

Employer identification number (EIN)	0	0	-	0	0	0	0	6	6	0
Name (not your trade name)	GLO-BRITE PAINT COMPANY									
Trade name (if any)										
Address	2215 SALVADOR STREET									
Number	Street		Suite or room number							
PHILADELPHIA	PA		19175-0682							
City	State		ZIP code							
Foreign country name	Foreign province/county		Foreign postal code							

Type of Return

(Check all that apply.)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 20--
- ☐ d. Final: Business closed or stopped paying wages

Instructions and prior-year forms are available at www.irs.gov/form940.

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

- 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . 1a ☐ ☐
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer 1b ☐ Check here. Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION 2 ☐ Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

- 3 Total payments to all employees 3
- 4 Payments exempt from FUTA tax 4
- Check all that apply: 4a ☐ Fringe benefits 4c ☐ Retirement/Pension 4e ☐ Other
- 4b ☐ Group-term life insurance 4d ☐ Dependent care
- 5 Total of payments made to each employee in excess of \$7,000 5
- 6 Subtotal (line 4 + line 5 = line 6) 6
- 7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions 7
- 8 FUTA tax before adjustments (line 7 x 0.006 = line 8) 8

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

- 9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 9
- 10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet 10
- 11 If credit reduction applies, enter the total from Schedule A (Form 940) 11

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

- 12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12
- 13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13
- 14 Balance due. If line 12 is more than line 13, enter the excess on line 14.
• If line 14 is more than \$500, you must deposit your tax.
• If line 14 is \$500 or less, you may pay with this return. See instructions 14
- 15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15
- ▶ You **MUST** complete both pages of this form and **SIGN** it.

Check one: ☐ Apply to next return. ☐ Send a refund.

Next ▶

For Privacy Act and Paperwork Reduction Act Notice, see the back of Form 940-V, Payment Voucher.

Cat. No. 112340

Form **940** (2016)

Transaction No. 36 (concluded)

Name (not your trade name) **GLO-BRITE PAINT COMPANY** Employer identification number (EIN) **00-0000660**

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 – March 31) **16a**

16b 2nd quarter (April 1 – June 30) **16b**

16c 3rd quarter (July 1 – September 30) **16c**

16d 4th quarter (October 1 – December 31) **16d**

17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) **17** Total must equal line 12.

Part 6: 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 IRS

☐ No.

Part 7: Sign here. You MUST complete both pages of this form 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, 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 made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here

Print your name here

Print your title here

Date / /

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed ☐

Preparer's name PTIN

Preparer's signature Date / /

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

Address Phone

City State ZIP code

Transaction No. 10

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			7 Social security tips		8 Allocated tips	
d Control number			9 Verification code		10 Dependent care benefits	
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code			13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b	
			14 Other		12c	
					12d	
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

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Transaction No. 24

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Transaction No. 38

22222		Void ☐	a Employee's social security number		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
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Form **W-2 Wage and Tax Statement** 20-- Department of the Treasury—Internal Revenue Service
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Form **W-2 Wage and Tax Statement** 20-- Department of the Treasury—Internal Revenue Service
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Form **W-2** Wage and Tax Statement

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

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Form **W-2** Wage and Tax Statement **20--** Department of the Treasury—Internal Revenue Service
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Form **W-2** Wage and Tax Statement

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				7 Social security tips		8 Allocated tips		
d Control number				9 Verification code		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.	11 Nonqualified plans		12a See instructions for box 12	
f Employee's address and ZIP code				13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b		
				14 Other		12c		
						12d		
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

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

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

Cat. No. 10134D

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22222		Void ☐	a Employee's social security number		For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld		
				5 Medicare wages and tips		6 Medicare tax withheld		
				7 Social security tips		8 Allocated tips		
d Control number				9 Verification code		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.	11 Nonqualified plans		12a See instructions for box 12	
f Employee's address and ZIP code				13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b		
				14 Other		12c		
						12d		
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

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Transaction No. 39

DO NOT STAPLE

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008				
b Kind of Payer (Check one)	941	Military	943	944	Kind of Employer (Check one)	None apply	501c non-govt.	Third-party sick pay (Check if applicable)
	CT-1	Hshld. emp.	Medicare govt. emp.			State/local non-501c	State/local 501c	
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Federal income tax withheld		
e Employer identification number (EIN)				3 Social security wages		4 Social security tax withheld		
f Employer's name				5 Medicare wages and tips		6 Medicare tax withheld		
g Employer's address and ZIP code				7 Social security tips		8 Allocated tips		
				9		10 Dependent care benefits		
				11 Nonqualified plans		12a Deferred compensation		
				13 For third-party sick pay use only		12b		
h Other EIN used this year				14 Income tax withheld by payer of third-party sick pay				
15 State Employer's state ID number		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		
16 State wages, tips, etc.				Employer's contact person		Employer's telephone number		For Official Use Only
Employer's fax number				Employer's email address				

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 ▶

Date ▶

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

20 - -

Department of the Treasury
Internal Revenue Service

Transaction No. 41

9595 ☐ VOID ☐ CORRECTED		OMB No. 1545-0115		Miscellaneous Income Form 1099-MISC
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	20--	
		2 Royalties		
		3 Other income		
PAYER'S federal identification number		RECIPIENT'S identification number		4 Federal income tax withheld
RECIPIENT'S name		5 Fishing boat proceeds		6 Medical and health care payments
Street address (including apt. no.)		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest
City or town, state or province, country, and ZIP or foreign postal code		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐		10 Crop insurance proceeds
Account number (see instructions)		FATCA filing requirement ☐	2nd TIN not ☐	11
15a Section 409A deferrals		15b Section 409A income		12
13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 20-- General Instructions for Certain Information Returns.
16 State tax withheld		17 State/Payer's state no.		
18 State income		19		

Form 1099-MISC Cat. No. 14425J www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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Source: Internal Revenue Service.

Transaction No. 42

Do Not Staple 6969		OMB No. 1545-0108																															
Form 1096 Department of the Treasury Internal Revenue Service		Annual Summary and Transmittal of U.S. Information Returns 20--																															
FILER'S name Street address (including room or suite number) City or town, state or province, country, and ZIP or foreign postal code		For Official Use Only 																															
Name of person to contact Telephone number																																	
Email address Fax number																																	
1 Employer identification number	2 Social security number	3 Total number of forms	4 Federal income tax withheld																														
5 Total amount reported with this Form 1096		6 Enter an "X" in only one box below to indicate the type of form being filed.																															
7 Form 1099-MISC with NEC in box 7, check ☐		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>W-2G 32</td> <td>1097-BTC 50</td> <td>1098 81</td> <td>1098-C 78</td> <td>1098-E 84</td> <td>1098-Q 74</td> <td>1098-T 83</td> <td>1099-A 80</td> <td>1099-B 79</td> <td>1099-C 85</td> <td>1099-CAP 73</td> <td>1099-DIV 91</td> <td>1099-G 86</td> <td>1099-INT 92</td> <td>1099-K 10</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> </table>		W-2G 32	1097-BTC 50	1098 81	1098-C 78	1098-E 84	1098-Q 74	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-INT 92	1099-K 10	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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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 Date																															

Source: Internal Revenue Service.