FORM 941 (Rev. Jan. 1954) U. S. Treasury Department Internal Revenue, Service	EMPLOYER'S QUARTERLY FEDERAL TAX RET	URN DUPLICATE to be retained by taxpayer
 Adjustment for preceding qu Income tax withheld, as adjuted as adjusted as adjuste	Id From Wages (If not required to withhold, write "None") . arter(s) of calendar year. (Attach explanation. See instructions' sted. (For fourth quarter or final return, fill in Schedule C) . ions Act Taxes (If no taxable wages paid, write "None") n Schedule A	21) . \$ 467 40 \$ 70 \$ 18 70 \$ 18 70
Schedule A—QU	Return for Calenda (Enter quarter as show Oct-Nov-Due 1-31) Boston 19 Syer's identification number, name, and address ARTERLY REPORT OF WAGES TAXABLE UNDER THE FEDERAL IN AGES taxable under the Federal Insurance Contributions Act while	Keep this copy at your principal place of business, together with a copy of each related schedule or statement. Before filing the return be sure to enter on this copy your name, address, and identification number, and period for which the return is filed.
Sale or transfer of business. must file a separate return. Succorporation. Neither employer not have an identification numbe but must file an application on I		12. Total pages of this return, including this page and any pages of Form 941a 13. Total number of employers listed (same as Item 4) 14. Number of persons employed during pay period ending nearest 15th of third month in quarter except agricultural and household employees. give the name of the present owner (individual,
Records will be kept by	e wages to a household employee within the next 6 months? Yes	WAGES TAXABLE UNDER F.I.C.A. State Possession or
000 00 00 000 000 000 000 000 000 000	188 Authur Joseph Roderick 58 Joseph Raymond Perry 73 John Dutra Zalds	Paid to Employee in Quarter (Before deductions) Dollars 83 60 83 60 Moss 87 40 Moss 83 60 Moss 87 40 Moss 50 00 Moss 79 20 Moss 50 00 Moss 100 Moss
Total wages reported in column 1	employees above, use Schedule A continuation sheets, Form 941a. O on this page	\$ 467 40 \$ H67.40 {Enter this total in Item 5 above.

Schedule B—DEPOSITARY RECEIPT RECORD To be used only by employers who make deposits of income tax withheld and/or taxes under the Federal Insurance Contributions Act Every employer who is liable for more than \$100 of these taxes during a month should deposit such taxes in a Federal Reserve bank or an authorized local bank in accordance with Circular E. Such deposits for the third month of any quarter, and deposits of \$100 or less, are permissible but not required. Each deposit should be accompanied by a Receipt Form 450 which will be validated by the Federal Reserve bank and returned to the employer. Validated

turned to the employer. Validated receipts should be listed in this space and submitted with this return, together with such other remittances as may be necessary to pay total taxes shown in Item 9 on other side of this form.

Total of all depositary receipts

Total payments (same as Item 9 on other side)

Total of other remittances (such as cash, check, M.O., etc.)

Schedule C—RECONCILIATION OF INCOME TAX WITHHELD (See Schedule C Instructions on back of original)

1.	Total number of withholding
	tax statements (Forms W-2)
	transmitted herewith
2.	Total income tax withheld from
	wages during the year as shown
	by withholding tax statements will a will
	(Forms W-2) \$ 7559.75 (A)
3.	Total income tax withheld from wages during the year as
	shown in Item 3 of Forms 941:
	Quarter ended March 31\$ 193.30
	Ouarter ended June 30 671.00
	Quarter ended September 30 1198-95
	Quarter ended December 31 496.50
	Total \$ 2559.75 (B)
_	

GENERAL INSTRUCTIONS

A copy of each Form W-2 should be retained for your records.

The instructions below relate to the preparing and filing of Form 941. Additional instructions are contained in Circular E or Circular A. Special instructions for employers of agricultural and household employees also appear on the back of the original of this return.

Circular E relates to (a) income tax withholding from wages, (b) taxes under the Federal Insurance Contributions Act (for old-age and survivors insurance), and (c) the Federal unemployment tax on employers of eight or more employees. Circular A is available for use by employers who have only agricultural employees and who are liable only for F.I.C.A. taxes. Employers should refer to such circulars for information as to the employers and employees who are liable for these taxes, the types of payments defined by law as "wages," the computing and deducting of taxes from wages, how to adjust errors, and other facts employers need to know in order to comply with the law.

Circular E or Circular A may be obtained from the District Director of Internal Revenue upon request. Employers also may obtain Circular H, "Household Employer's Social Security Tax Guide."

Purpose of Form 941.—This form combines the reporting of income tax withheld from wages and the taxes under the Federal Insurance Contributions Act. If you have only one of these taxes to report, you should fill in only the portions which are applicable to you.

Who must file.—If you have one or more employees you must make a return for the first quarter in which you are required to withhold income tax from wages, or in which you pay wages taxable under the Federal Insurance Contributions Act, and for each quarter thereafter.

If you temporarily discontinue paying wages (for example, seasonal activities), you must nevertheless file returns. If the ownership of a business changes or is transferred, both the old and the new employer must file returns, but neither should report wages paid by the other.

After you have once filed a return, the District Director will mail you a Form 941 every three months. If the form should fail to reach you, request a Form 941 so that you can make your return on time.

Quarterly returns and due dates.—A return must be filed for each quarter of the calendar year as follows:

Quarter covered	Due on or before
January, February, March	April 30
April, May, June	July 31
July, August, September	October 31
October, November, December	January 31

However, if, and only if, the return is accompanied by depositary receipts, Form 450, showing timely deposits in full payment of the taxes due for the entire calendar quarter, the return may be filed on or before the tenth day of the second month following the quarter.

Unless already shown on the form received from the District Director, enter in the spaces at the right of the employer's name the months and year of the calendar quarter for which the return is filed.

If you no longer expect to pay wages subject to any of the taxes on this form you must file a "Final Return." Such return is due not later than the 30th day after the date of the last payment of taxable wages as shown in the statement called for in Item 16 of the return.

Where to file.—The original of this form is to be sent to the United States District Director of Internal Revenue for the district in which the employer's principal place of business is located, or, if the employer has no principal place of business in an internal revenue district of the United States, with the District Director of Internal Revenue, Baltimore 2, Md.

Payment of tax.—Each return should be accompanied by remittance (cash, check, money order, depositary receipt, or combination of these) for the total taxes reported in Item 9.

Employer's identification number, name, and address.—Forms 941 preaddressed by District Directors should be used in filing returns. If a

preaddressed form is lost, request another. If a non-preaddressed form must be used, type or print in Items 10 and 11 the employer's identification number and name exactly as shown on his previous returns. Do not use the identification number assigned to a prior owner.

Any discrepancy between the amounts shown on lines (A) and (B) must be fully explained in an attached statement.

An employer who is liable for F.I.C.A. taxes and who has not applied for an identification number should file with the District Director an application on Form SS-4. Such form may be obtained from the District Director or from any Social Security Administration field office. An employer who is liable for income tax withheld from wages, but who is not liable for F.I.C.A. taxes, will be assigned an identification number by the District Director without application. An employer having only household employees need not file an application for an identification number.

Penalties and interest.—Avoid penalties and interest by making timely returns and payments of tax. The law provides a penalty of from 5% to 25% of the tax, but not less than \$5, for late filing unless reasonable cause is shown for the delay. If you are unavoidably late in filing a return, send a full explanation in writing with your return.

Penalties also are imposed by law for willful failure to pay, collect, or truthfully account for and pay over tax, furnish statements to employees, keep records, make returns, or for false or fraudulent returns.

Item 2. Adjustment of income tax withheld.—Item 2 should be used for the correction of errors made in connection with the withholding of income tax from wages paid in the preceding quarters of the same calendar year. (Consult the District Director before correcting a prioryear error.) Any amount in Item 2 must be explained by a statement attached to the return. This statement must set forth:

- (a) Explanation of the error which the entry is intended to correct;
- (b) The particular return period or periods to which the error relates;
- (c) The amount chargeable to each such period; and
- (d) The manner in which the employer and employee have settled any overcollection or undercollection of income tax withheld.

Item 7. Credit or adjustment of taxes under Federal Insurance Contributions Act.—Entries in Item 7 should be made for the correction of underpayments or overpayments of F.I.C.A. tax as reported on a prior return, or credits for overpayments of penalty or interest paid with respect to such tax for prior periods. If there are both an underpayment and an overpayment to be reported, only the difference between the two should be entered in Item 7. Any amount entered in Item 7 must be explained by a statement attached to the return. This statement must set forth:

- (a) Explanation of the error which the entry is intended to correct;
- (b) The particular return period or periods to which the error relates;
- (c) The amount chargeable to each such period;
- (d) The tax-return period in which the error was ascertained;
- (e) The fact that the employer repaid F.I.C.A. tax overcollected from an employee, if the entry corrects an overcollection of tax so repaid: and
- (f) If the entry corrects F.I.C.A. tax overcollected from an employee in a prior year, the fact that the employer has obtained from the employee a written statement that the employee has not claimed and will not claim refund or credit of the amount of such overcollection.

If erroneous amounts of wages were reported for employees on prior returns, include in the statement, or on a Form 941c:

- (a) The name and account number of each employee whose wages were erroneously reported;
- (b) The amount of wages, if any, erroneously reported for each quarter for each employee (if none, so state); and
- (c) The amount of wages, if any, which should have been reported for each quarter for each employee (if none, so state).

Forms 941c, if desired, may be obtained from the District Director.

National Trap, Inc. P. O. Box 393 Provincetown, Mass.

Total F.I.C.A. Wages (before payroll deductions) paid in 1954

04-2151643

WITHHOLDING TAX STATEMENT

1954 Federal Taxes Withheld From Wages

For Employer

Type or print EMPLOYER'S identification number, name, and address above.

SOCIAL SECURITY INFORMATION (Federal Insurance Contributions Act) \$ 654.50

13.09 F.I.C.A. employee tax withheld, if any \$ 3939.62 Total Wages (before payroll de-ductions) paid in 1954

477.67 Federal Income Tax withheld, if

029-01-4824 Arthur Joseph Roderick 9 Conant St. Provincetown, Mass.

EMPLOYER: This copy is provided for your convenience in keeping your withholding records.

INCOME TAX INFORMATION

Type or print EMPLOYEE'S social security account no., name, and address above.

FORM W-2, Copy D-U.S. Treasury Department, Internal Revenue Service

c9-16-69642-2

Mational Trap, Inc. .P. O. Box 393 Provincetown, Mass.

654.50

Total F.I.C.A. Wages (before payroll deductions) paid in 1954

Oh-21516h3

WITHHOLDING TAX STATEMENT

1954 Federal Taxes Withheld From Wages

For Employer

Type or print EMPLOYER'S identification number, name, and address above.

SOCIAL SECURITY INFORMATION (Federal Insurance Contributions Act)

\$

13.09 F.I.C.A. employee tax withheld, if any

3939.62 Total Wages (before payroll de-ductions) paid in 1954

477.67 Federal Income Tax withheld, if

021-14-2958

Joseph Raymond Perry 301 Bradford St. Provincetown, Mass.

EMPLOYER: This copy is provided for your convenience in keeping your withholding records.

INCOME TAX INFORMATION

Type or print EMPLOYEE'S social security account no., name, and address above.

FORM W-2, Copy D-U.S. Treasury Department, Internal Revenue Service

e9-16-69842-2

National Trap, Inc. F. O. Box 393 Provincetown, Mass.

04-2151643

WITHHOLDING TAX STATEMENT

1954 Federal Taxes Withheld From Wages

For Employer

Type or print EMPLOYER'S identification number, name, and address above. SOCIAL SECURITY INFORMATION (Federal Insurance Contributions Act)

13.64

F.I.C.A. employee tax withheld, if any Total F.I.C.A. Wages (before payroll deductions) paid in 1954

4611.90

Total Wages (before payroll deductions) paid in 1954

INCOME TAX INFORMATION 581.67 Federal Income Tax withheld, if

029-01-4893 John Dutra Fields 3 Tremont St. Mass. Provincetown,

EMPLOYER: This copy is provided for your convenience in keeping your withholding records.

any

Type or print EMPLOYEE'S social security account no., name, and address above.

FORM W-2, Copy D-U.S. Treasury Department, Internal Revenue Service

c9-16-69642-2 GPO

National Trap, Inc. P. O. Box 393 Provincetown, Mass.

04-2151643

F.I.C.A. employee tax withheld, if any

WITHHOLDING TAX STATEMENT

1954 Federal Taxes Withheld From Wages

Type or print EMPLOYER'S identification number, name, and address above.

For Employer

SOCIAL SECURITY INFORMATION (Federal Insurance Contributions Act) Š otal F.I.C.A. Wages (before payroll deductions) paid in 1954 12.76

Total Wages (before payroll deductions) paid in 1954

Federal Income Tax withheld, if

022-18-9024 Albert Chester Fields 21 Court St. Provincetown, Mass.

EMPLOYER: This copy is provided for your convenience in keeping your withholding records.

INCOME TAX INFORMATION

National Trap, Inc. P. O. Box 393 Provincetown, Mass.

01-2151643

WITHHOLDING TAX STATEMENT

1954 Federal Taxes Withheld From Wages

For Employer

Type or print EMPLOYER'S identification number, name, and address above.

SOCIAL SECURITY INFORMATION (Federal Insurance Contributions Act) INCOME TAX INFORMATION 650.10 3935.22 Total Wages (before payroll de-ductions) paid in 1954 Total F.I.C.A. Wages (before pay-F.I.C.A. employee tax withheld, Federal Income Tax withheld, if roll deductions) paid in 1954 if any

029-01-4819 Frank Bradley Raymond Jr. 18 Pleasant St. Provincetown, Mass.

EMPLOYER: This copy is provided for your convenience in keeping your withholding records.

Type or print EMPLOYEE'S social security account no., name, and address above.

FORM W-2, Copy D-U.S. Treasury Department, Internal Revenue Service

09-16-69642-2

National Trap, Inc. P. O. Box 393 Provincetown, Mass.

OL-2151643

WITHHOLDING TAX STATEMENT

1954 Federal Taxes Withheld From Wages

Type or print EMPLOYER'S identification number, name, and address above.

For Employer

SOCIAL SECURITY INFORMATION (Federal Insurance Contributions Act)		INCOME TAX INFORMATION		
\$ 2000.00 Total F.I.C.A. Wages (before payroll deductions) paid in 1954	\$ 1.8.00 F.I.C.A. employee tax withheld, if any	\$ 200.00 Total Wages (before payroll deductions) paid in 1954	\$ Federal Income Tax withheld, if any	

028-10-6945 George F. Miller Jr. 82 Commercial St. Provincetown, Mass.

EMPLOYER: This copy is provided for your convenience in keeping your withholding records.

Type or print EMPLOYEE'S social security account no., name, and address above.

FORM W-2, Copy D-U.S. Treasury Department, Internal Revenue Service

c9-16-69642-2

National Trap, Inc. P. O. Box 393 Provincetown, Mass.

04-2151643

WITHHOLDING TAX STATEMENT

1954 Federal Taxes Withheld From Wages

For Employer

Type or print EMPLOYER'S identification number, name, and address above.

INCOME TAX INFORMATION SOCIAL SECURITY INFORMATION (Federal Insurance Contributions Act) \$ Total Wages (before payroll de-ductions) paid in 1954 Tone \$ 1.00 Federal Income Tax withheld, if 50.00 F.I.C.A. employee tax withheld, Total F.I.C.A. Wages (before payroll deductions) paid in 1954 any if any

028-10-6949 Herbert F. Mayo 610 Commercial St. Provincetown, Mass.

EMPLOYER: This copy is provided for your convenience in keeping your withholding records.

RM 941 (Rev. Jan. 1954) Treasury Department nal Revenue Service	LI	MPLOYER'S QUARTERLY FEDERAL TAX RETUR	1198	00	
Federal Income Tax Adjustment for preconce tax withheld Federal Insurance C Number of employee 1% of wages in Iter Credit or adjustmen	eding quarter(s) of , as adjusted. (Fontributions Act is is listed in Schedule in 5 (2% employee t. (Attach explandimental	Wages (If not required to withhold, write "None")	\$ 805 \$ 32 \$ er Adjusted Total He	20	1198 95 32 20 1431 13
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Type or print in this	space employer's iden exactly as shown o	tification number, name, and address on original	enter of	on this co	the return be sure to opy your name, ad- fication number, and h the return is filed.
st for each employeemployee more than the F.I.C.A., make n Sale or transfer of hast file a separate reterporation. Neither	\$3,600 in a calento entries below exposiness.—If a bustiern. Such a transemployer should	report of wages taxable under the Federal Insurance Contributions Act which dar year, report ONLY THE FIRST \$3,600 of such wages in cept in Items 15 and 16. See instructions on back of original siness is sold or transferred by one employer to another, each report wages paid by the other employer. If the new employer wages paid by the other employer. If the new employed not use the identification number assigned to the previous of 4 for a new number for himself. (See Items 15 and 16 below	employer ship or a oyer does employer,		of this including and any orm 941a of listed Item 4) persons during od end-
. If there has been	a change of owne	rship or other transfer of the business during the quarter, gi	ive the name of the	hold emp	
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Adjustmer	ue Service		THE POLITY O COUNTRIES I POLITY INV. WELD	(IV		etained by taxpayer
Federal In Number of 4% of wat Credit or F.I.C.A. t	nt for precedure withheld insurance Confemployee ages in Item adjustment taxes, as a	eding quarter(s), as adjusted. contributions Acis listed in Schedin 5 (2% emplois. (Attach expidiusted	n Wages (If not required to withhold, write "None") of calendar year. (Attach explanation. See instructions) (For fourth quarter or final return, fill in Schedule C). Entered to Taxes (If no taxable wages paid, write "None") ule A) \$ 157	285	\$ 671 00 \$ 6785 \$ 73385
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Mar. Political States of the Control	The na	pace employer's id exactly as shown	Return for Calendar Company of the June, And address on original	n original) K plac copy state B ente dres	eep this core of busing of each ement. efore filing on this s, and identified the core of	portant opy at your principal ness, together with a related schedule or g the return be sure to copy your name, ad- tification number, and ich the return is filed.
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ust file a se rporation. ot have an i	Neither education	ern. Such a transmirn.	usiness is sold or transferred by one employer to another, each on a service occurs, for example, if a sole proprietor forms a partners report wages paid by the other employer. If the new employed not use the identification number assigned to the previous endeath of the	employer ship or a oyer does employer,	this page pages of l Total num employees (same as Number of employed pay pering neares third m	including and any Form 941a mber of s listed Item 4) f persons during od end- st 15th of tonth in tcept agri- nd house-
partner Do you of If "No," Sale of Busin Date of Records	expect to p write "Fin of business ness discont final payme	orporation) and bay taxable wage all Return' at the to successor inued ent of taxable wet by	ership or other transfer of the business during the quarter, given the date the change took place	oyee)? mation requested oyees, but still in	Yes Delow.	No 🗆
			es to a household employee within the next 6 months? Yes	7 Nr. M		
jou		,	to a nouserior employee within the next o morning.] No M		or and a second
EMPLOY		All and Color State	NAME OF EMPLOYEE (Please type or print)	WAGES TAXABLE U Paid to Employee (Before dedu	in Quarter	Territory of Employment (or "Outside U. S.")
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