741 (Rev. Jan. 1 Treasury Department	nt	EM	PLOYER'S QUARTERLY FEDERAL TAX RETURN	001	1	FOR EMPLOYER
ederal Income T	ax With	quarter(s) of	Vages (If not required to withhold, write "None")	\$ 96 \$ Adjusted Total He		896 60
ederal Insurance	Contrib	d in Schedule	'axes (If no taxable wages paid, write "None")  A 5. Total taxable wages paid (from Item 21)	\$ 5983	30	of income tax with
credit or adjustm	ent. (A	Attach explana	tax and 2% employee tax)	. \$ Adjusted Total He	The state of the	239 30
otal taxes (Item	3 plus	Item 8). If	deposits of taxes are made, fill in Schedule B on other side .	ible but out a		1135 90
,			box 8 states & and bornages to	testive Dank a	LM	PORTANT
National a	trak	I, lna.	04-2151643 Oct. Nov.	Dec.	Keep th	nis copy at your place of business, ith a copy of each
National Provincet	343 own	Maso.	6 Tue 1-31 Bostoni	257	Before f	edule or statement.  filing the return be nter on this copy
		M. Letterhee	6900	27	identificati	ne, address, and ion number, and which the return
shown on origina	aı.		A CONTRACTOR OF THE PARTY INCIDENTAL INCIDEN	PANCE CONTRIB	is filed.	ст
t for each employ	yee, excep	ot agricultural	employees, the WAGES taxable under the Federal Insurance C than \$4,200 in a calendar year, report ONLY THE FIRST \$4,200 to the control of the	200 of such wages	which we s. If wage	re paid during the es were not taxable
under the F.I.C.A	A., make	no entries bel	low except in Items 15 and 16. See instructions on back of ori	aginus.	12. Total p	eages of this including ge and any f Form 941a
			siness is sold or transferred by one employer to another, each unsfer occurs, for example, if a sole proprietor forms a partner occurs, for example, if a sole proprietor forms a partner occurs, for example, if the new employer of the new employer.		13. Total employ (same	number of yees listed as Item 4)
poration. Neith	ner emple	oyer should r	not use the identification number assigned to the previous emp		14. Numbe	r of persons yed during riod ending st 15th of
ist file an applica	ation on	Form SS-4 fe	or a new number for himself. (See Items 15 and 16 below.)		third quarter cultura	month in except agriland housemployees
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Committee of the comm	e the name of th		
	STANCE!		the transfer of the business during the quarter, give			
		\ J +1	rship or other transfer of the business during the quarter, give			
partnership,	or corpo	oration) and the	the date the change took place	sehold employee) formation request	? ed below.	Yes No 🗆
partnership,  Do you expect  If "No," write  Sale of bus	or corpo to pay to e "Final siness to	oration) and the axable wages in Return' in Ite successor	in the future to any employee (other than an agricultural or housem 10, check appropriate block below, and furnish the other inf	sehold employee) formation request yees, but still in b	? ed below. ousiness	Yes No 🗆
partnership,  Do you expect  If "No," write  Sale of bus  Business di	or corpo to pay ta e "Final siness to iscontinu	oration) and the axable wages in Return' in Ite successor	he date the change took place	formation request yees, but still in b	? ed below. ousiness	Yes No 🗆
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partnership,  Do you expect  If "No," write  Sale of bus  Business di  Date of final p  Records will b  at  Do you expect	or corpo to pay ta e "Final siness to discontinu payment of the pay ta	pration) and the axable wages in Return' in Ite successor the door taxable wages y	he date the change took place in the future to any employee (other than an agricultural or house em 10, check appropriate block below, and furnish the other inf  Formed partnership  Discharged all employ  Formed corporation  Ges to employees (other than agricultural or household employees  within the next 6 months to a household employee? Yes No	formation request yees, but still in b	ed below. business  aral employ	Yes No No State, Possession, or Territory of Employment (or "Outside U. S.")
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National Veap, Inc. P.O. Box 393 04-2151643 Provincetown Mass

### WITHHOLDING TAX STATEMENT

Federal Taxes Withheld From Wages

Copy A-For District Director

Type of pint Entricities	identification in interest, in interest,			
SOCIAL SECURITY	Y INFORMATION	INCOME TAX I	MINISTRA DE LA COMPONIONE DEL COMPONIONE DE LA COMPONIONE	
\$ 4170.52 Total F.I.C.A. Wages* paid in 1956	DE MINISTERIOR ESTA	\$ 4170.52 Total Wages* paid in 1956	\$ 521.54 Federal Income Tax withheld, if any	todoction ( non to Lie special little)

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

EMPLOYER: See instructions on other side.

\*Before payroll deductions.

c9-16-70928-2

Rational Viap Inc. P. O. Box 393 Provincetoun Mass.

# 64-2151643 WITHHOLDING TAX STATEMENT

Federal Taxes Withheld From Wages

Copy A-For District Director

SOCIAL SECURITY	INFORMATION	INCOME TAX	INFORMATION	
\$ 4/70.52 Total F.I.C.A. Wages*		\$ 4170.52 Total Wages* paid in 1956	\$ 521.54 Federal Income Tax withheld, if any	

Anthony Joseph 6 Winslow St. Provincetonn Mass.

EMPLOYER: See instructions on other side.

\*Before payroll deductions.

c9-16-70928-2

National Yeap enc. P.O. Box 393 Provincetown Mass.

04-2151443

### WITHHOLDING TAX STATEMENT Federal Taxes Withheld From Wages

Copy B-To Be Filed With Employee's Tax Retu

SOCIAL SECURIT	Y INFORMATION	INCOME TAX	INFORMATION	
\$ H200.00 Total F.I.C.A. Wages* paid in 1956	\$ 84.00 F.I.C.A. employee tax withheld, if any	\$ 4911.51 Total Wages* paid in 1956	\$ 625.04 Federal Income Tax withheld, if any	

John Dutre Fields 3 Fremont St. Provincetown Mass.

EMPLOYEE: This is not a tax return but you must file it with Form 1040A or Form 1040. See instructions on other side and on back of Copy C.

\*Before payroll deductions.

e9-16-70928-2

Plational trap Inc 04-2151643 Governcetown Mass.

### WITHHOLDING TAX STATEMENT

Federal Taxes Withheld From Wages

Copy B-To Be Filed With Employee's Tax Return

SOCIAL SECURITY	Y INFORMATION	INCOME TAX	INFORMATION	
\$ 41 70.52 Total F.I.C.A. Wages* paid in 1956	\$ 83-K2 F.I.C.A. employee tax withheld, if any	\$ 4/70.52 Total Wages* paid in 1956	\$ 625.04 Federal Income Tax withheld, if any	

Frank Bradley Raymond Jr. 18 aleasant St. Cronnectour, Mass.

EMPLOYEE: This is not a tax return but you must file it with Form 1040A or Form 1040. See instructions on other side and on back of Copy C,

Patronal trap Inc. 04-2151643

## WITHHOLDING TAY STATEMENT 4050

Provinceton	n Mass.		eral Taxes Withheld From Wage	
Type or print EMPLOYER'S		, and address above.	Copy A-F	or District Director
SOCIAL SECURIT			INFORMATION	
\$ 4170.52	\$ 83.42	\$ 4170.52	\$ 521.54	
Total F.I.C.A. Wages* paid in 1956	F.I.C.A. employee tax withheld, if any	Total Wages* paid in 1956	Federal Income Tax withheld, if any	
Joseph Ra 30/ Brad	4-2958 ymond Res lord St. town Mas	ry	EMPLOYER: See instructions on	other side.
Type or print EMPLOYEE'S FORM W-2—U.S. Treas			*Before payroll deductions.	09—16—70928-2
COUNTER RECEI	PT		Date_Novembe	FORM WT-2 OCCUPATION NO.
Federal Income T the Federal Reser	'ax withheld from ve Bank of	wages or F. I. C. A. Ta	ceived from the employ xes or both, to be transm as Fiscal Agent of the Un	itted or credited to
s 263.90			04-2151643	
AMOUNT	Nat	cional Trap Inc.		DENTIFICATION NUMBER
		Firs	t National Bank of P	rovincetown
		Ву —	rmb	
FOR MI	EMORANDUM US	E ONLYDO NOT AT	TACH TO YOUR TAX	RETURN
31				
COUNTER RECEIF	PT.		F	DRM WT=2 DE LAND SERVICE-ALLEGANE MICH
			DateDecember	7, 1956
This certifies that Federal Income T	ax withheld from v	wages or F. I. C. A. Tax	ceived from the employed tes or both, to be transmi	er named, covering atted or credited to
the Federal Reservant to the provision	ve Bank of	oston partment Circular No. 8	as Fiscal Agent of the Un	nited States, pursu-
609.65	National		04-2151643	3
\$AMOUNT		EMPLOYER'S		DENTIFICATION NUMBER
		The First Natio	nal Bank of Province	etown, Mass.

Ву \_

BANK NAME

amf

U. S. Treasury D Internal Revenu (Revised Aug	Department ne Service . 1956)	ANNUAL FE	dividuals u	inder the	Federa	l Unemploymen	t Tax Act		FOR EMPLOYER
1. Total t	axable wages PAII	D during calendar y	ear. (Fr	rom Schel	dule E	B, on back of	bage)	10	
2. Gross	rederal tax (3% c	it wages in Item 1).						•	
3. Less:	Credit for contril	outions PAID into	State fo	unds. plu	is any	additional co	edit as show	\$	
	Desired TTO (TIO)	10 100110 10.1 10141	CIECINI	mired to	UIII MAI	econt of tore of	SOWYM AND Thomas	2 \$	
4. Remai	inder of tax (Itelli	2 minus Item 3). ke check or money order	I his amo	mint is the	Vable	with return		\$	
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D. C. N	06699				1		7 -		
Kloven	cetown Mas	ve. 04-215			Ģ		Boller	1956 -31-57 Maso 204	
	7							-	
							23	204	
5 Type or p	print in this space emplo	yer's name, address, and	identification	n number		Return for calend		Sand John Wall	
J. exactly	as shown on original.	, and only mile	Additionation	on number	(En	ter year as shown			
			9-19-5	AND DESCRIPTION OF THE PERSON					
(Fill in Ite	ms 7 through 16.	and Schedule B, bef	ore fillin	a in Item	ne 1 +1	rough E sha	6 .		
	Schedule A-	-COMPUTATION	OF CRE	EDIT AG	AINS	T FFDFPAL	INFRIDIO	ructions on bac	ck of original.)
-	Constant of the Constant of th					- I LIVETTE	ONLWIPLO	IMENI IAX	menning House
	Circle		Experier	nea rata		1			
Name of State	State reporting number as shown on	Taxable Payroll	peri	lod	Cunnelana	Contributions had rate been	Contributions payable at	Additional	Contributions
	employer's State contribution returns	(As defined in State act)	i		Experience	2.7% (col. 9×2.7%)	experience rate	(col 12 minus col 13)	actually paid to State
(7)	(8)	(9)	From-	То-	(11)	(12)	(col. 9 × col. 11) (13)	(14)	(15)
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I NOT THE									
	TOTALS	\$	xxx	XXX	XXX	YYYY	VVV	· ·	0
	TOTALS	\$	xxx	XXX 2	x x x	xxxx	xxxx	\$	\$
6. Total ter					xxx	xxxx	XXXX	\$	\$
6. Total ter	ntative credit (colu	mn 14 plus column	15)				, unana	¢	

# THIS COPY MUST BE KEPT BY EMPLOYER

This copy, together with a copy of each related schedule or statement which the employer is required to keep, must be carefully preserved by the employer, and should at all times be available for inspection by officers of the Internal Revenue Service.

Enderal I	neces III	W. 11 11 -	W/ /IC	1	11 0	
Adjustmen	nt for pre	eding quarter (	om Wages (If not required to withhold, write "None") (s) of calendar year. (Attach explanation. See instructions)	\$	1/20	141
rederal II	nsurance (	contributions A	Act Taxes (If no taxable wages paid, write "None") edule A		00	\$
4% of wa	ages in Ite	m 5 (2% emp	loyer tax and 2% employee tax)	8 6	7 49	SOR, -Constitu
F.I.C.A. ta	axes, as a	djusted	If deposits of taxes are made, fill in Schedule B on other side	ter Adjusted Tot-	al Here	\$ 67
			and the made, in in Schedule B on other side	w rather a	hireans	\$ 208
			The state of the s	Son Sold Sold	sub land	and the second
lation	altu	ap Inc	04-2151643 Jan- Jet-	march	Kee	IMPORTANT p this copy at oal place of busi
.O. Bo	of 39.	ap, Inc	Due 4-30 Boston 19		togethe	er with a copy of schedule or states
roncu	icilow	n, mas	6 6898	3	sure t	ore filing the return o enter on this name, address,
Type or pri	int in this sp n original.	ace employer's ide	entification number, name, and address exactly as Return for Cale (Enter quarter and y	endar Ouarter		for which the re
	of you pay	except agricultu an employee m	LY REPORT OF WAGES TAXABLE UNDER THE FEDERAL INSural employees, the WAGES taxable under the Federal Insurance ore than \$4,200 in a calendar year, report ONLY THE FIRST \$4.00 below except in Items 15 and 16. See instructions on back of the second s	Contributions A	1 at lainh	1 1
		PART DE AL	The state of the s		retu	al pages of this
t file a so	eparate ref	turn. Such a	business is sold or transferred by one employer to another, ear transfer occurs, for example, if a sole proprietor forms a partr	pership or a	13. Tota	page and any ss of Form 941a ll number of loyees listed as Item 4)
oration. e an identi	Neither e	mployer should umber, he shou	d report wages paid by the other employer. If the new employ	yer does not	emp	loyed during
nie an a	ipplication	on Form SS-4	for a new number for himself. (See Items 15 and 16 below.)	notes but being	nea this	period ending rest 15th of d month in ter except agri- aral and house-
			nership or other transfer of the business during the quarter, gi		hold	employees
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ln	ORM 941 S. Treasury D ternal Reven	Pepartment	6)	EMPLOYER'S QUARTERLY FEDERAL TAX RETUR	RN	co	PY FOR EMPLOYE
2.	Adjustmen	t for prec	eding quarter(s	m Wages (If not required to withhold, write "None") ) of calendar year. (Attach explanation. See instructions)	. \$ 32	510	325 10
4.	Number of 4% of was	employee ges in Iter	Contributions Access listed in School on 5 (2% employed)	ct Taxes (If no taxable wages paid, write "None") lule A	. \$ 361	730	
8.	F.I.C.A. ta	xes, as ac	djusted	lanation. See instructions)	er Adjusted Total	Here->	\$ 14469
7.	Total taxes	(item 5	plus Item 8).	If deposits of taxes are made, fill in Schedule B on other side			\$ 469 79
-							
1	Patroni	alta	ap, Inc	04-2151643 Afril. May	- June	principa	this copy at you al place of business
ナイ	Pina	ing to	on Mass	6 Boston 12	956	related	r with a copy of each schedule or statement re filing the return be
		uer ,	111100	68914	1	sure to	enter on this copy name, address, and cation number, and
10.	. Type or pringshown on	nt in this sp original.	ace employer's ider	ntification number, name, and address exactly as  Return for Calen (Enter quarter and yes	ndar Quarter ar as on original)		for which the return
	quarter. If	mployee, f you pay	except agricultur an employee mo	Y REPORT OF WAGES TAXABLE UNDER THE FEDERAL INSU- ral employees, the WAGES taxable under the Federal Insurance are than \$4,200 in a calendar year, report ONLY THE FIRST \$4 below except in Items 15 and 16. See instructions on back of or	Contributions A	ct which	were paid during the
						retur	l pages of this
mı	ist file a se	eparate re	turn. Such a t	business is sold or transferred by one employer to another, each ransfer occurs, for example, if a sole proprietor forms a partn	ership or a	13. Total	page and any s of Form 941a Inumber of loyees listed e as Item 4)
ha	ve an identi	fication no	umber, he should	report wages paid by the other employer. If the new employed not use the identification number assigned to the previous emfor a new number for himself. (See Items 15 and 16 below.)	plover, but	14. Num empl pay	ber of persons loyed during period ending
1111	ist me an a	ppiication	011 F01111 55—4	for a new number for nimself. (See Items 15 and 16 below.)		thir quart cultu	d month in ter except agri- ral and house-
15	. If there h	as been a	change of own	ership or other transfer of the business during the quarter, giv	ve the name of t		t owner (individual
	partners	ship, or co	orporation) and	the date the change took place			Yes No
	If "No,"	write "Fin	nal Return" in I	tem 10, check appropriate block below, and furnish the other inf	formation reques	ted below.	. 105
	☐ Busine	ess discont	tinued	☐ Formed corporation ☐ Other (specify)			
	Date of III	nai payme		200 to open lowers (athen the second s			
	Records w	vill be kep	ot by	ges to employees (other than agricultural or household employee			
	Records w	vill be kep	ot by	within the next 6 months to a household employee? Yes \( \simething \text{No } \[ \]	or an agricult	ural emplo	oyee? Yes 🗆 No 🗇
	Records w at Do you ex  EMPLOYE (If number i	rill be kep  pect to pa  E'S ACCOUN s unknown, s  (17)	y taxable wages v			ural emplo	oyee? Yes 🗆 No 🗇
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	Records wat	pect to particle t	y taxable wages of T NUMBER see Circular E)  0000  4824  2958  5746  4891	within the next 6 months to a household employee? Yes No [    NAME OF EMPLOYEE (Please type or print) (18)    Puthin Joseph Rodnick   Daymand Reny   Puthin Joseph Rodnick   Daymand Reny   Puthin Joseph Rodnick   Puthin Jos	Or an agricult WAGES TAXABLE U Paid to Employee (Before deduc) (19)	ural emplo NDER F.I.C.A. in Quarter ttions)	oyee? Yes  No  State, Possession, or  Territory of Employment  (or "Outside U. S.")
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Schedule B must be used by those 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 is required to deposit such taxes in a Federal Reserve Bank, or an authorized local bank. 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 receipts should be listed in Schedule B and submitted with this return, together with such other remittances as may be necessary to pay total taxes shown in Item 9 on page 1. A penalty is provided by law for failure to make such deposits. Detailed instructions will be found in Circular E.

Serial No. of Form 450	Date of Deposit (List in date order)	Amount
238244	June 13, 1956	\$ 251.65
Total of all depositary  Total of other remittances (		\$ 251.65

#### INSTRUCTIONS

The instructions below relate to the preparing and filing of Form 941. Additional instructions are contained in Circular E. 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. Employers should refer to such circular 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 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," and Circular A, "Agricultural 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 you no longer expect to pay wages subject to any of the taxes reportable on this form you must file a "Final Return." If a business is sold or transferred by one employer to another, 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

January, February, March
April, May, June
July, August, September
October, November, December

Due on or before
April 30

July 31

October 31

January 31

However, 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.

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.

An employer who is required to report F.I.C.A. taxes on Form 941 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 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.

Penalties and interest.—Avoid penalties and interest by making timely returns and payments of tax. The law provides penalties for late filing of a return or for late monthly deposits unless reasonable cause is shown for the delay. If you are late in filing a return or in making a monthly deposit, 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 amounts of wages were erroneously reported or omitted 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 or omitted;
- (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.

PROVINCETOWN, MASS.

July 18, 1956

District Director of Internal Revenue Boston 15, Massachusetts

Dear Sir:

Enclosed please find Federal Depositary Receipt for \$251.65 which should have gone in with our quarterly return for June 30, 1956. The total tax due on the return was \$469.79. A check for \$218.14 was sent in with the return, That along with the enclosed receipt for \$251.65 makes up the total of \$469.79.

The name, address, and number under which the return was filed is as follows:

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

04-2151643

I hope that with this letter you will be able to correct our return.

Very truly yours, National Trap, Inc.

George F . Miller Jr., President

FORM WT-2 DE LAND SERVICE-ALLEGAN. MICH

COUNTER RECEIPT

Date June 8, 1956

This certifies that funds in the amount shown have been received from the employer named, covering Federal Taxes to be transmitted or credited to the Federal Reserve Bank of Boston , as Fiscal Agent of the United States, pursuant to the provisions of Treasury Department Circular as Fiscal Agent of the United States, pursuant to the provisions of Treasury Department Circular

No. 848. (Amended July 1, 1953.)

 National Trap Inc.

04-2151643

IDENTIFICATION NUMBER

The First National Bank of Provincetown, Mass.

amf

Bv \_\_

EMPLOYER'S NAME

FOR MEMORANDUM USE ONLY-DO NOT ATTACH TO YOUR TAX RETURN

	RECEIPT FOR CERTIFIED MAIL-15¢	
Nº 641621	SENT TO Destrict Precise of Internal STREET AND NO.  CITY AND STATE Doston 15, Mass.  If you want a return receipt. To shows to whom, and address to which check which delivered  POD Form 3800 Apr. 1955	POSTMARK OR DATE

FORM 241 U. S. Treasury I Internal Reven	Department		EMPLOYER'S QUARTERLY FEDERAL TAX RETUR	IN ILLE	COF	PY FOR EMPLOYER
<ol> <li>Adjustmer</li> <li>Income ta:         <ul> <li>Federal Ir</li> </ul> </li> <li>Number o</li> <li>4% of wa</li> <li>Credit or</li> <li>F.I.C.A. ta</li> </ol>	at for precedure withheld, assurance Confemployees ges in Item adjustment.	ding quarter(s), as adjusted . ontributions Act listed in Sched 15 (2% emplo . (Attach explipited	m Wages (If not required to withhold, write "None")  of calendar year. (Attach explanation. See instructions)  tar Taxes (If no taxable wages paid, write "None")  lule A	\$ 959 \$ 380	376	1451 80 383 76
					L	7000   04
P. O. B. Piovin	cetour	Mass	Due 10-3	ndar Quarter	Keep principal together related so Before sure to your na identifica	this copy at your l place of business, with a copy of each chedule or statement. e filing the return be enter on this copy ame, address, and ation number, and or which the return
quarter.	employee, e If you pay a	except agricultur an employee mo	Y REPORT OF WAGES TAXABLE UNDER THE FEDERAL INSURAL employees, the WAGES taxable under the Federal Insurance are than \$4,200 in a calendar year, report ONLY THE FIRST \$4	Contributions Ac 4,200 of such wag	t which w	vere paid during the
Sale or transmust file a scorporation.	ansfer of b separate ret Neither er tification nu	usiness.—If a l urn. Such a t mployer should imber, he shoul	business is sold or transferred by one employer to another, each transfer occurs, for example, if a sole proprietor forms a participant wages paid by the other employer. If the new employ d not use the identification number assigned to the previous enfor a new number for himself. (See Items 15 and 16 below.)	ch employer nership or a rer does not nployer, but	returi this pages 13. Total emple (same 14. Numb emple pay page near third quarte cultur	pages of this nicluding page and any of Form 941a number of oyees listed as Item 4) per of persons oyed during period ending est 15th of 1 month in er except agrial and house-employees.
	of business	to successor	Item 10, check appropriate block below, and furnish the other in  ☐ Formed partnership ☐ Discharged all emplo	yees, but still in l	ousiness	
Date of Records	of business ness discont final paymer will be kep	to successor inued nt of taxable wa t byy taxable wages	☐ Formed partnership ☐ Discharged all employers ☐ Formed corporation ☐ Other (specify) ages to employees (other than agricultural or household employee within the next 6 months to a household employee? Yes ☐ No	es)or an agriculti	ousiness  ural emplo	yee? Yes \( \sum \) No \( \sum \)
Date of Records  at  Do you e	of business ness discont final paymer will be kep expect to pay (EE'S ACCOUN' r is unknown, s (17)	to successor inued nt of taxable wa t by y taxable wages T NUMBER see Circular E)	☐ Formed partnership ☐ Discharged all emplored ☐ Formed corporation ☐ Other (specify)ages to employees (other than agricultural or household employees	or an agricultural designment of the second	ousiness  ural emplo NDER F.I.C.A. in Quarter tions)	yee? Yes
Do you e	of business ness discont final payme will be kep expect to pay re's ACCOUN' r is unknown, s	to successor inued nt of taxable wa t byy taxable wages T NUMBER	☐ Formed partnership ☐ Discharged all employers ☐ Formed corporation ☐ Other (specify)	or an agriculture (Before deduce)	ousiness  ural emplo  NDER F.I.C.A. in Quarter	yee? Yes No
Date of Records  at  Do you e	of business ness discont final paymer will be kep expect to pay (EE'S ACCOUN' r is unknown, s (17) 00	to successor inued nt of taxable wa t by y taxable wages T NUMBER see Circular E)	☐ Formed partnership ☐ Discharged all employers ☐ Formed corporation ☐ Other (specify)	or an agriculture of the control of	ural emplo NDER F.I.C.A. in Quarter tions) Cents	yee? Yes No No State, Possession, or Territory of Employment (or "Outside U. S.")
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Date of Records at  Do you e  EMPLOY (If numbe)	of business ness discont final paymer will be kep expect to pay ree's Account is unknown, s (17)	to successor inued nt of taxable was t by	□ Formed partnership □ Discharged all employers of the properties	or an agriculty WAGES TAXABLE UI Paid to Employee (Before deduc (19) Dollars 1918 1918 1918	NER F.I.C.A. in Quarter tions)  Cents 82 82 82	yee? Yes \( \text{No} \)  State, Possession, or Territory of Employment (or "Outside U.S.")  Moss.  Mass.  Mass.  Mass.
Date of Records at  Do you e  EMPLOY (If numbe)  000 029 021	of business ness discont final paymer will be kep expect to pay (FE'S ACCOUN'r is unknown, s (17)	to successor inued nt of taxable was t by	□ Formed partnership □ Discharged all employers of the properties	or an agriculty WAGES TAXABLE UI Paid to Employee (Before deduc (19) Dollars 1918	NER F.I.C.A. in Quarter tions)  Cents 82 82 82	yee? Yes \( \sum \) No \( \sum \)  State, Possession, or Territory of Employment (or "Outside U. S.")  Mass.  Mass.  Mass.
Date of Records at	of business ness discont final paymer will be kep expect to pay (FE'S ACCOUN'r is unknown, s (17)	to successor inued nt of taxable was t by	□ Formed partnership □ Discharged all employers of the properties	or an agriculty WAGES TAXABLE UI Paid to Employee (Before deduc (19) Dollars 1918 1918 1918	NER F.I.C.A. in Quarter tions)  Cents 82 82 82	yee? Yes \( \text{No} \)  State, Possession, or Territory of Employment (or "Outside U.S.")  Moss.  Mass.  Mass.  Mass.
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Date of Records at	of business ness discont final paymer will be kep expect to pay (YEE'S ACCOUN' r is unknown, s (17)  00  01  114  07  01  01  01  ore space for	to successor inued nt of taxable was t by	□ Formed partnership □ Discharged all employers of the properties	or an agriculty WAGES TAXABLE UI Paid to Employee (Before deduc (19) Dollars 1918 1918 1918	Cents 82 82 82	yee? Yes \( \text{No} \)  State, Possession, or Territory of Employment (or "Outside U.S.")  Moss.  Mass.  Mass.  Mass.

Schedule B must be used by those 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 is required to deposit such taxes in a Federal Reserve Bank, or an authorized local bank. 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 receipts should be listed in Schedule B and submitted with this return, together with such other remittances as may be necessary to pay total taxes shown in Item 9 on page 1. A penalty is provided by law for failure to make such deposits. Detailed instructions will be found in Circular E.

Serial No. of Form 450	Date of Deposit (List in date order)	Amount		
319957	Aug 15, 1956	\$ 723.65		
603777	Sept. 26, 1956	346.45		
		1000 10		
Total of all depositary receipts \$ 1070.10				
Total of other remittances (such as cash, check, M.O., etc.) \$ 16376  Total payments (same as Item 9 on other side) \$ 183556				
Total payments (same as item 9 on other side) \$780000				

#### INSTRUCTIONS

The instructions below relate to the preparing and filing of Form 941. Additional instructions are contained in Circular E. 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. Employers should refer to such circular 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 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," and Circular A, "Agricultural 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 you no longer expect to pay wages subject to any of the taxes reportable on this form you must file a "Final Return." If a business is sold or transferred by one employer to another, 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 January, February, March April, May, June July, August, September October, November, December Due on or before April 30 July 31 October 31 Tanuary 31

However, 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.

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.

An employer who is required to report F.I.C.A. taxes on Form 941 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 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.

Penalties and interest.—Avoid penalties and interest by making timely returns and payments of tax. The law provides penalties for late filing of a return or for late monthly deposits unless reasonable cause is shown for the delay. If you are late in filing a return or in making a monthly deposit, 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 prior-Any amount in Item 2 must be explained by a statement year error.) 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:

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- (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 over-

If amounts of wages were erroneously reported or omitted 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 vere erroneously reported or omitted;
- (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.

			Date September 14, 1956	
This certifies that fun	ds in the amount shown have	heen received (	rom the employer named, covering	
	ansmitted or credited to the Fe			
as Fiscal Agent of the No. 848. (Amended J	he United States, pursuant t	to the provisions	of Treasury Department Circular	
\$ 346.45 AMOUNT	National Trap, In	IC • PLOYER'S NAME	04-2151643 IDENTIFICATION NUMBER	
		The First N.	ational Bank of Provincetown	
		By	las	
FOR MEMORANDUM USE ONLYDO NOT ATTACH TO YOUR TAX RETURN				
		or manner re	TOOK TAA RETURN	
COUNTER RECEIPT			FORM WT-2 DELING SERVICE-ALLEGAN, MICH.	
		I	Date August 10, 1956	
This certifies that fund	s in the amount shown have l	been received fr	om the employer named, covering	
			of Treasury Department Circular	
\$	National Trap, I	nc • Loyer's name	Ol4-2151613 IDENTIFICATION NUMBER	
		The First	ational Bank of Provincetown BANK NAME	
		Ву	S	
FOR MEMOR	ANDUM USE ONLY-DO NO		a	
			LUC TO AVOID	
P	OST OFFICE DEPARTMENT OFFICIAL BUSINESS	PENALTY FOR PRIVATE PAYMENT OF POST (GPO)	AGE, \$300	

