

# EMPLOYER'S QUARTERLY FEDERAL TAX RETURN

COPY FOR EMPLOYER

Federal Income Tax Withheld From Wages (If not required to withhold, write "None") . . . . .	\$ 896 60		
Adjustment for preceding quarter(s) of calendar year. (Attach explanation. See instructions) . . . . .	\$		896 60
Income tax withheld, as adjusted . . . . .		Enter Adjusted Total Here→	
Federal Insurance Contributions Act Taxes (If no taxable wages paid, write "None") . . . . .	\$ 5983 48		
Number of employees listed in Schedule A <u>5</u> . . . . .	\$		
4% of wages in Item 5 (2% employer tax and 2% employee tax) . . . . .	\$ 239 30		
Credit or adjustment. (Attach explanation. See instructions) . . . . .	\$		239 30
F.I.C.A. taxes, as adjusted . . . . .		Enter Adjusted Total Here→	
Total taxes (Item 3 plus Item 8). If deposits of taxes are made, fill in Schedule B on other side . . . . .			\$ 1135 90

National Trap, Inc. 04-2151643  
P. O. Box 393  
Provincetown, Mass. 6

Oct. Nov. - Dec.  
Due 1-31-57  
Boston, Mass.  
69007  
Return for Calendar Quarter  
(Enter quarter and year as on original)

**IMPORTANT**  
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.

**Schedule A—QUARTERLY REPORT OF WAGES TAXABLE UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT**  
List for each employee, except agricultural employees, the WAGES taxable under the Federal Insurance Contributions Act which were paid during the quarter. If you pay an employee more than \$4,200 in a calendar year, report ONLY THE FIRST \$4,200 of such wages. If wages were not taxable under the F.I.C.A., make no entries below except in Items 15 and 16. See instructions on back of original.

**Sale or transfer of business.**—If a business is sold or transferred by one employer to another, each employer must file a separate return. Such a transfer occurs, for example, if a sole proprietor forms a partnership or a corporation. Neither employer should report wages paid by the other employer. If the new employer does not have an identification number, he should not use the identification number assigned to the previous employer, but must file an application on Form SS-4 for a new number for himself. (See Items 15 and 16 below.)

12. Total pages of this return, including this page and any pages of Form 941a 1  
13. Total number of employees listed (same as Item 4) 5  
14. Number of persons employed during pay period ending nearest 15th of third month in quarter except agricultural and household employees 5

15. If there has been a change of ownership or other transfer of the business during the quarter, give the name of the present owner (individual, partnership, or corporation) and the date the change took place \_\_\_\_\_  
16. Do you expect to pay taxable wages in the future to any employee (other than an agricultural or household employee)? Yes  No   
If "No," write "Final Return" in Item 10, check appropriate block below, and furnish the other information requested below.  
 Sale of business to successor  Formed partnership  Discharged all employees, but still in business  
 Business discontinued  Formed corporation  Other (specify) \_\_\_\_\_  
Date of final payment of taxable wages to employees (other than agricultural or household employees) \_\_\_\_\_, 195\_\_\_\_  
Records will be kept by \_\_\_\_\_ at \_\_\_\_\_  
Do you expect to pay taxable wages within the next 6 months to a household employee? Yes  No  or an agricultural employee? Yes  No

EMPLOYEE'S ACCOUNT NUMBER (If number is unknown, see Circular E)			NAME OF EMPLOYEE (Please type or print)	WAGES TAXABLE UNDER F.I.C.A. Paid to Employee in Quarter (Before deductions)		State, Possession, or Territory of Employment (or "Outside U. S.")
000 (17)	00	0000		Dollars	Cents	
029	01	4824	Arthur Joseph Roderick	1194	83	Mass.
021	14	2958	Joseph Raymond Perry	1194	83	Mass.
031	07	5746	Anthony Joseph	1194	83	Mass.
029	01	4893	John Dutra Fields	1204	16	Mass.
029	01	4891	Frank Bradley Raymond Jr.	1194	83	Mass.

If you need more space for listing employees, use Schedule A continuation sheets, Form 941a.  
Total wages reported in column 19 on this page \$ 5983 48  
**21. TOTAL WAGES TAXABLE UNDER F.I.C.A., PAID DURING QUARTER**  
(Total of such wages in column 19 of this page and on any continuation sheets) \$ 5983 48 (Enter this total in Item 5 above.)

National Trap, Inc. 04-2151643  
P.O. Box 393  
Provincetown, Mass.

WITHHOLDING TAX STATEMENT 1956  
Federal Taxes Withheld From Wages

Copy A—For District Director

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

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
\$ 4170.52 Total F.I.C.A. Wages* paid in 1956	\$ 83.42 F.I.C.A. employee tax withheld, if any	\$ 4170.52 Total Wages* paid in 1956	\$ 521.54 Federal Income Tax withheld, if any

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

EMPLOYER: See instructions on other side.

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

\*Before payroll deductions.

09-16-70028-2

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

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

04-2151643

WITHHOLDING TAX STATEMENT 1956  
Federal Taxes Withheld From Wages

Copy A—For District Director

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

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
\$ 4170.52 Total F.I.C.A. Wages* paid in 1956	\$ 83.42 F.I.C.A. employee tax withheld, if any	\$ 4170.52 Total Wages* paid in 1956	\$ 521.54 Federal Income Tax withheld, if any

031-07-5746  
Anthony Joseph  
6 Winslow St.  
Provincetown, Mass.

EMPLOYER: See instructions on other side.

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

\*Before payroll deductions.

09-16-70028-2

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

National Trap, Inc. 04-2151643  
P.O. Box 393  
Provincetown, Mass.

WITHHOLDING TAX STATEMENT 1956  
Federal Taxes Withheld From Wages

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

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

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
\$ 4200.00 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

029-01-4893  
John Dutra Fields  
3 Tremont 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.

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

\*Before payroll deductions.

09-16-70028-2

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

National Trap, Inc. 04-2151643  
P.O. Box 393  
Provincetown, Mass.

WITHHOLDING TAX STATEMENT 1956  
Federal Taxes Withheld From Wages

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

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

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
\$ 4170.52 Total F.I.C.A. Wages* paid in 1956	\$ 83.42 F.I.C.A. employee tax withheld, if any	\$ 4170.52 Total Wages* paid in 1956	\$ 625.04 Federal Income Tax withheld, if any

029-01-4891  
Frank Bradley Raymond Jr.  
18 Pleasant 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.

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

\*Before payroll deductions.

09-16-70028-2

National Trap Inc. 04-2151643  
 P.O. Box 343  
 Provincetown, Mass.

**WITHHOLDING TAX STATEMENT 1956**  
 Federal Taxes Withheld From Wages

Copy A—For District Director

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

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
\$ 4170.52 Total F.I.C.A. Wages* paid in 1956	\$ 83.42 F.I.C.A. employee tax withheld, if any	\$ 4170.52 Total Wages* paid in 1956	\$ 521.54 Federal Income Tax withheld, if any
021-14-2958 Joseph Raymond Perry 301 Bradford St. Provincetown, Mass.		EMPLOYER: See instructions on other side.	

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

\*Before payroll deductions.

09-16-70928-2

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

COUNTER RECEIPT

FORM WT-2 DE LAMO SERVICE-ALLEGAN, MICH.

Date November 9, 1956

This certifies that funds in the amount shown have been received from the employer named, covering Federal Income Tax withheld from wages or F. I. C. A. Taxes or both, 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 No. 848.

\$ 263.90 National Trap Inc. 04-2151643  
 AMOUNT EMPLOYER'S NAME IDENTIFICATION NUMBER

First National Bank of Provincetown  
 BANK NAME

By rmb

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

COUNTER RECEIPT

FORM WT-2 DE LAMO SERVICE-ALLEGAN, MICH.

Date December 7, 1956

This certifies that funds in the amount shown have been received from the employer named, covering Federal Income Tax withheld from wages or F. I. C. A. Taxes or both, 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 No. 848.

\$ 609.65 National Trap Inc. 04-2151643  
 AMOUNT EMPLOYER'S NAME IDENTIFICATION NUMBER

The First National Bank of Provincetown, Mass.  
 BANK NAME

By amf

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

**ANNUAL FEDERAL TAX RETURN OF EMPLOYERS**  
of 4 or more individuals under the Federal Unemployment Tax Act

COPY FOR EMPLOYER

1. Total taxable wages PAID during calendar year. (From Schedule B, on back of page).....	\$	
2. Gross Federal tax (3% of wages in Item 1).....	\$	
3. Less: Credit for contributions PAID into State funds, plus any additional credit, as shown in Schedule A. (From Item 16.) Total credit limited to 90 percent of tax shown in Item 2....	\$	
4. Remainder of tax (Item 2 minus Item 3). This amount is payable with return.....	\$	

(Make check or money order payable to "Internal Revenue Service")

National Trap, Inc. 04-2151643  
P.O. Box 393  
Provincetown, Mass.

940 1956  
Due 1-31-57  
Boston, Mass.  
23 204

5. Type or print in this space employer's name, address, and identification number exactly as shown on original.

Return for calendar year  
(Enter year as shown on original)

(Fill in Items 7 through 16, and Schedule B, before filling in Items 1 through 5, above. See instructions on back of original.)  
**Schedule A—COMPUTATION OF CREDIT AGAINST FEDERAL UNEMPLOYMENT TAX**

Name of State (7)	State reporting number as shown on employer's State contribution returns (8)	Taxable Payroll (As defined in State act) (9)	Experience rate period (10)		Experience rate (11)	Contributions had rate been 2.7% (col. 9 × 2.7%) (12)	Contributions payable at experience rate (col. 9 × col. 11) (13)	Additional credit (col. 12 minus col. 13) (14)	Contributions actually paid to State (15)
			From—	To—					
Boat under 10 Net tons not subject to Law									
TOTALS...		\$	xxx	xxx	xxx	xxxx	xxxx	\$	\$

16. Total tentative credit (column 14 plus column 15).....\$  
(That portion of Item 16 which is not in excess of 90 percent of gross tax liability as shown in Item 2 above should be entered in Item 3 above.)

**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.

# EMPLOYER'S QUARTERLY FEDERAL TAX RETURN

COPY FOR EMPLOYER

1. Federal Income Tax Withheld From Wages (If not required to withhold, write "None") . . . \$ 141 20  
 2. Adjustment for preceding quarter(s) of calendar year. (Attach explanation. See instructions) . . . \$  
 3. Income tax withheld, as adjusted . . . \$  
 Federal Insurance Contributions Act Taxes (If no taxable wages paid, write "None")  
 4. Number of employees listed in Schedule A 5 . . . 5. Total taxable wages paid (from Item 21) . . . \$ 1687 20  
 6. 4% of wages in Item 5 (2% employer tax and 2% employee tax) . . . \$ 67 49  
 7. Credit or adjustment. (Attach explanation. See instructions) . . . \$  
 8. F.I.C.A. taxes, as adjusted . . . \$  
 9. Total taxes (Item 3 plus Item 8). If deposits of taxes are made, fill in Schedule B on other side . . . \$

\$	<u>141</u>	<u>20</u>
Enter Adjusted Total Here →		
\$	<u>141</u>	<u>20</u>
Enter Adjusted Total Here →		
\$	<u>67</u>	<u>49</u>
Enter Adjusted Total Here →		
\$	<u>208</u>	<u>69</u>

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

04-2151643

Jan - Feb - March  
Due 4-30-56  
Boston 1956  
68983

**IMPORTANT**  
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.

10. Type or print in this space employer's identification number, name, and address exactly as shown on original.

Return for Calendar Quarter (Enter quarter and year as on original)

**Schedule A—QUARTERLY REPORT OF WAGES TAXABLE UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT**

List for each employee, except agricultural employees, the WAGES taxable under the Federal Insurance Contributions Act which were paid during the quarter. If you pay an employee more than \$4,200 in a calendar year, report ONLY THE FIRST \$4,200 of such wages. If wages were not taxable under the F.I.C.A., make no entries below except in Items 15 and 16. See instructions on back of original.

Sale or transfer of business.—If a business is sold or transferred by one employer to another, each employer must file a separate return. Such a transfer occurs, for example, if a sole proprietor forms a partnership or a corporation. Neither employer should report wages paid by the other employer. If the new employer does not have an identification number, he should not use the identification number assigned to the previous employer, but must file an application on Form SS-4 for a new number for himself. (See Items 15 and 16 below.)

12. Total pages of this return, including this page and any pages of Form 941a . . . 1  
 13. Total number of employees listed (same as Item 4) . . . 5  
 14. Number of persons employed during pay period ending nearest 15th of third month in quarter except agricultural and household employees . . . 5

15. If there has been a change of ownership or other transfer of the business during the quarter, give the name of the present owner (individual, partnership, or corporation) and the date the change took place . . .  
 16. Do you expect to pay taxable wages in the future to any employee (other than an agricultural or household employee)? Yes  No   
 If "No," write "Final Return" in Item 10, check appropriate block below, and furnish the other information requested below.  
 Sale of business to successor     Formed partnership     Discharged all employees, but still in business  
 Business discontinued     Formed corporation     Other (specify) \_\_\_\_\_  
 Date of final payment of taxable wages to employees (other than agricultural or household employees) . . . , 195...  
 Records will be kept by \_\_\_\_\_ at \_\_\_\_\_

Do you expect to pay taxable wages within the next 6 months to a household employee? Yes  No  or an agricultural employee? Yes  No

EMPLOYEE'S ACCOUNT NUMBER (If number is unknown, see Circular E)			NAME OF EMPLOYEE (Please type or print)	WAGES TAXABLE UNDER F.I.C.A. Paid to Employee in Quarter (Before deductions)		State, Possession, or Territory of Employment (or "Outside U. S.")
(17)	(18)	(19)		(20)		
000 00 0000				Dollars	Cents	
029 01 4874	Arthur Joseph Rodenick	334	40	Mass.		
021 14 2958	Joseph Raymond Perry	334	40	Mass.		
031 07 5746	Anthony Joseph	334	40	Mass.		
029 01 4893	John Dutra Fields	349	60	Mass.		
029 01 4891	Frank Bradley Raymond Jr.	334	40	Mass.		

Total wages reported in column 19 on this page . . . \$ 1687 20

21. TOTAL WAGES TAXABLE UNDER F.I.C.A., PAID DURING QUARTER  
 (Total of such wages in column 19 of this page and on any continuation sheets) . . . \$ 1687.20 { Enter this total in Item 5 above.

# EMPLOYER'S QUARTERLY FEDERAL TAX RETURN

COPY FOR EMPLOYER

1. Federal Income Tax Withheld From Wages (If not required to withhold, write "None") . . . . .	\$	325 10
2. Adjustment for preceding quarter(s) of calendar year. (Attach explanation. See instructions) . . . . .	\$	
3. Income tax withheld, as adjusted . . . . .	\$	325 10
		Enter Adjusted Total Here→
<b>Federal Insurance Contributions Act Taxes (If no taxable wages paid, write "None")</b>		
4. Number of employees listed in Schedule A . . . . .		5
5. Total taxable wages paid (from Item 21) . . . . .	\$	3617 30
6. 4% of wages in Item 5 (2% employer tax and 2% employee tax) . . . . .	\$	144 69
7. Credit or adjustment. (Attach explanation) . . . . .	\$	
8. F.I.C.A. taxes, as adjusted . . . . .	\$	144 69
		Enter Adjusted Total Here→
9. Total taxes (Item 3 plus Item 8). If deposits of taxes are made, fill in Schedule B on other side . . . . .	\$	469 79

*National Soap, Inc.  
P.O. Box 393  
Provincetown, Mass.*

*04-2151643 April-May-June  
Due 7-31-56  
6 Boston 1956  
68914*

**IMPORTANT**  
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.

10. Type or print in this space employer's identification number, name, and address exactly as shown on original.

Return for Calendar Quarter  
(Enter quarter and year as on original)

**Schedule A—QUARTERLY REPORT OF WAGES TAXABLE UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT**

List for each employee, except agricultural employees, the WAGES taxable under the Federal Insurance Contributions Act which were paid during the quarter. If you pay an employee more than \$4,200 in a calendar year, report ONLY THE FIRST \$4,200 of such wages. If wages were not taxable under the F.I.C.A., make no entries below except in Items 15 and 16. See instructions on back of original.

**Sale or transfer of business.**—If a business is sold or transferred by one employer to another, each employer must file a separate return. Such a transfer occurs, for example, if a sole proprietor forms a partnership or a corporation. Neither employer should report wages paid by the other employer. If the new employer does not have an identification number, he should not use the identification number assigned to the previous employer, but must file an application on Form SS-4 for a new number for himself. (See Items 15 and 16 below.)

12. Total pages of this return, including this page and any pages of Form 941a . . . . . 1

13. Total number of employees listed (same as Item 4) . . . . . 5

14. Number of persons employed during pay period ending nearest 15th of third month in quarter except agricultural and household employees . . . . . 5

15. If there has been a change of ownership or other transfer of the business during the quarter, give the name of the present owner (individual, partnership, or corporation) and the date the change took place

16. Do you expect to pay taxable wages in the future to any employee (other than an agricultural or household employee)? Yes  No

If "No," write "Final Return" in Item 10, check appropriate block below, and furnish the other information requested below.

- Sale of business to successor      Formed partnership      Discharged all employees, but still in business
- Business discontinued      Formed corporation      Other (specify) \_\_\_\_\_

Date of final payment of taxable wages to employees (other than agricultural or household employees) . . . . ., 195

Records will be kept by \_\_\_\_\_ at \_\_\_\_\_

Do you expect to pay taxable wages within the next 6 months to a household employee? Yes  No  or an agricultural employee? Yes  No

EMPLOYEE'S ACCOUNT NUMBER (If number is unknown, see Circular E)			NAME OF EMPLOYEE (Please type or print)	WAGES TAXABLE UNDER F.I.C.A. Paid to Employee in Quarter (Before deductions)		State, Possession, or Territory of Employment (or "Outside U. S.")
000 (17)	00	0000		Dollars	Cents	
029	01	4894	Arthur Joseph Rodwinick	799	47	Mass.
021	14	2958	Joseph Raymond Perry	799	47	Mass.
031	07	5746	Anthony Joseph	799	47	Mass.
029	01	4893	John Debra Fields	727	42	Mass.
029	01	4891	Frank Bradley Raymond	799	47	Mass.

If you need more space for listing employees, use Schedule A continuation sheets, Form 941a.

Total wages reported in column 19 on this page . . . . . \$ 3617 30

21. TOTAL WAGES TAXABLE UNDER F.I.C.A., PAID DURING QUARTER  
(Total of such wages in column 19 of this page and on any continuation sheets) . . . . . \$ 3617.30

{ Enter this total in Item 5 above.

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 receipts . . . . .		\$ 251.65
Total of other remittances (such as cash, check, M. O., etc.) \$		218.14
Total payments (same as Item 9 on other side) . . . . .		\$ 469.79

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	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 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-year 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.

(Instructions continued on the back of the original of this form)

# NATIONAL TRAP, INC.

PROVINCETOWN, MASS.

July 18, 1956

District Director of Internal Revenue  
Boston 15, Massachusetts

Dear Sir:

Enclosed please find Federal Depository 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

COUNTER RECEIPT

FORM WT-2 DE LAND SERVICE-ALLEGAN, MICH.

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

\$ 251.65                      National Trap Inc.                      04-2151643  
AMOUNT                      EMPLOYER'S NAME                      IDENTIFICATION NUMBER

The First National Bank of Provincetown, Mass.  
BANK NAME

By amf

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

No 641621

## RECEIPT FOR CERTIFIED MAIL—15¢

SENT TO <u>District Director of Internal Revenue</u>	POSTMARK OR DATE <u>JUL 18 1956</u>	
STREET AND NO.	PROVINCETOWN MASS.	
CITY AND STATE <u>Boston 15, Mass.</u>		
If you want a return receipt, check which	<input checked="" type="checkbox"/> 7¢ shows to whom and when delivered	<input type="checkbox"/> 31¢ shows to whom, when, and address where delivered

POD Form 3800  
Apr. 1955





**Schedule B—DEPOSITARY RECEIPT RECORD**

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 20, 1956	346.45
Total of all depositary receipts . . . . .		\$ 1070.10
Total of other remittances (such as cash, check, M. O., etc.) \$		765.46
Total payments (same as Item 9 on other side) . . . . .		\$ 1835.56

**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	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 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-year error.) Any amount in Item 2 must be explained by a statement attached to the return. This statement must set forth:

- Explanation of the error which the entry is intended to correct;
- The particular return period or periods to which the error relates;
- The amount chargeable to each such period; and
- 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:

- Explanation of the error which the entry is intended to correct;
- The particular return period or periods to which the error relates;
- The amount chargeable to each such period;
- The tax-return period in which the error was ascertained;
- 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
- 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:

- The name and account number of each employee whose wages were erroneously reported or omitted;
- The amount of wages, if any, erroneously reported for each quarter for each employee (if none, so state); and
- 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.

**(Instructions continued on the back of the original of this form)**

Date September 14, 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 No. 848. (Amended July 1, 1953.)

\$ 346.45  
AMOUNT

National Trap, Inc.  
EMPLOYER'S NAME

04-2151643  
IDENTIFICATION NUMBER

The First National Bank of Provincetown  
BANK NAME

By las

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

Date August 10, 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 No. 848. (Amended July 1, 1953.)

\$ 723.65  
AMOUNT

National Trap, Inc.  
EMPLOYER'S NAME

04-2151643  
IDENTIFICATION NUMBER

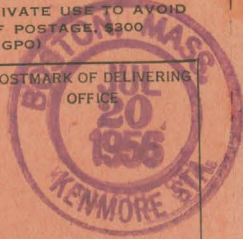
The First National Bank of Provincetown  
BANK NAME

By las

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

POST OFFICE DEPARTMENT  
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300  
(GPO)

REGISTERED NO. _____	POSTMARK OF DELIVERING OFFICE 
CERTIFIED NO. <u>641621</u>	
INSURED NO. _____	

RETURN TO →	NAME OF SENDER <u>National Trap, Inc.</u>
	STREET AND NO. OR P.O. BOX <u>P.O. Box 393</u>
	POST OFFICE <u>Provincetown</u>
	STATE <u>Massachusetts</u>