FORM 941 (Re U. S. Treasury I Internal Rever	Department	E	MPLOYER'S QUARTERLY F	FEDERAL TAX RETURN				DUPLICATE etained by tax	cpayer
			Wages (If not required to withhoo of calendar year. (Attach explana		· 4	401	20	· · · · · ·	20
3. Income ta	x withheld, a	s adjusted	Taxes (If no taxable wages paid, w	Enter	Adjusted '			401	70
4. Number of	of employees	listed in Schedu	le A; 5. Total taxable V	Wages paid (from Item 21)	. 9	250	50	I had not	
7. Credit or	adjustment.	(Attach expla	oyer tax and 1½% employee tax) . nation. See instructions)		. \$		1 1 11	98	50
8. F.I.C.A. t 9. Total tax	axes (Item 6 es (Item 3 pl	as adjusted by us Item 8). If	Item 7) deposits of taxes are made, fill in D	epositary Receipt Record on o	other side	Total He	•re-> \$- • • • \$	429	70
							d sldi	bloods 12	21 1
	A 1	1.0	04-21511.43	Return for Calendar Quar	ter	oubile on to	IMPO	ORTANT	200
Nation	nal tu	af Inc	L.	(Enter quarter as shown original)	go on u	Keej	b this cop	y at your pri	ncipal
P.O. 7	Box 3	93	04-2151643	Due 1-31-54		copy of	of each r	elated schedu	ile or
Prove	ncetow	n Mass).	Boston 1953	bitte			he return be s	
	rint in this spa)	ne, address, and identification number	63466				ication number the return is	
employee	h employee t more than \$3	the WAGES ta	Y REPORT OF WAGES TAXABLE Uxable under the Federal Insurance dar year, report ONLY THE FIRStept in Items 15 and 16. See instr	Contributions Act which w ST \$3,600 of such wages in S	ere paid	during	the quart	er. If you p	ay an under
							tal pages return, in		
			siness is sold or transferred by one fer occurs, for example, if there is			13. To	this page a pages of Fo tal numb	rm 941a	/
nary partners	ship, or if a s	sole proprietor f	forms a partnership or a corporation e new employer does not have an id	n. Neither employer should	report	14. Nu	employees (same as I imber of	tem 4)	23836
use the ident	ification numl		he previous employer, but must file			j	employed pay period ing nearest third mor	15th of	tunne
						(quarter exce cultural and hold emplo	house-	
a busine	ess, agricultural	, governmental, or	i nonpront activity:	es No 🗆			other trans	ge of ownersh	usiness
	ttach statement	showing (a) cus	todian and location of records, (b) date	of last payment of taxable wages	s to such		Yes [during the quality No	narter?
If "No"			not you will pay taxable wages in the fut c below, for filing final return.	ture to nousehold employees.		If	"Yes." att	ach statement sh	nowing
_	Sale of busines Business disco		☐ Discharged all employees, but still☐ Other (Specify)			t	the success statement t	address of you redecessor. If y sor, include i he date of you taxable wages	n the
	Formed new	partnership				(or more em		- one
EMPL If numbe	DYEE'S ACCOUNT r is unknown, see C (17)	NUMBER Ircular E or A	NAME OF EM! (Please type or (18)		Paid to	XABLE UN Employee in fore deduct (19)	IDER F.I.C.A. n Quarter ions)	State, Possession Territory of Empl (or "Outside U. (20)	loyment
000	00	0000	11 5 000	n n.	Doll		Cents	on-	15
020	10	6945	George H. Mi	llu Ji,	9	00	00	Pha	ev,
020	10	6949	Herbert H. MIL	ryo		30	00	Mos	10/-
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	THE REAL PROPERTY.							The state of the s	
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300		to attend						Curin van	
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T to									
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-	To making	1			-				
			s above, use Schedule A continuation shee		0	100	00		
			is page	HADTED		50			· ·
			DER F.I.C.A., PAID DURING QU d of any continuation sheets)	UARTER \$	950,	00		Enter this to Item 5 above	ve.
								e7-16-6034	4-7

RECONCILIATION OF INCOME TAX WITHHELD FROM WAGES

DUPLICATE

as reported on Employer's Quarterly Federal Tax Return (Form 941) with income tax withheld as shown on Withholding Statements (Forms W-2a)

1. Total number of copies of with- holding statements (Forms W-2a)	3.	Total income tax withher as shown in Item 3 of Fa
transmitted herewith	/	Quarter ended March 31
2. Total income tax withheld from		Quarter ended June 30.
wages during the year as shown		Quarter ended September
by copies of withholding state.	11	Quarter anded Decembe

0.	rotal income tax withheld in	om wages	auring	the year
	as shown in Item 3 of Forms	s 941:		
	Quarter ended March 31	\$	242	70
	Overton and ad Ivano 20		910	35

Quarter ended June 30	900	35
Quarter ended September 30.	1401	50
Quarter ended December 31.	401	20
TOTAL	\$ V945	75 (B)

National trap and 04-2151643
P.O. Box 393
Provincetown Mass.

ments (Forms W-2a) \$

THIS COPY MUST BE RETAINED BY EMPLOYER

Reconciliation for calendar

year as shown on original.

NOTE

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

63466

16-62897-4 ☆

FORM 941 (Rev. Sept. 1952) U. S. Treasury Department Internal Revenue Service	MPLOYER'S QUARTERLY FEDERAL TAX RETUR	IN	to be	DUPLICATE retained by taxpayer
 Adjustment for preceding quarter(s) Income tax withheld, as adjusted Federal Insurance Contributions Act Number of employees listed in Schedu 3% of wages in Item 5 (1½% employees) Credit or adjustment. (Attach explass F.I.C.A. taxes (Item 6 as adjusted by 	Wages (If not required to withhold, write "None")	S S r Adjusted T	780 00 29 40 Total Here-> \$.	1401 50 29 40 1430 90
		Talkers.		
Mational Liag P.O. Bof 393 Provincetown, 1.	Mass Boston 19	1953 53	Keep this copplace of busine copy of each istatement. Before filing tenter on this codress, and identi	ortant by at your principal constructions, together with a related schedule or the return be sure to by your name, ad- fication number, and the return is filed.
List for each employee the WAGES ta employee more than \$3,600 in a calen	xable 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.	were paid d	luring the quart	ter. If you pay an
must file a separate return. Such a trans nary partnership, or if a sole proprietor f wages paid by the other employer. If the	iness is sold or transferred by one employer to another, each effer occurs, for example, if there is a change in membership of forms a partnership or a corporation. Neither employer should new employer does not have an identification number, he should be previous employer, but must file an application on Form SS and 16 below.)	an ordi- d report	12. Total pages return, ir this page 4 13. Total numl employees (same as 1 14. Number of employed pay perior ing nearest third mor quarter execultural and hold emplo	and any
15. Do you expect to pay taxable wages in the a business, agricultural, governmental, or Attach statement showing (a) cust employees, and (c) whether or a Check reason, in appropriate block Sale of business to successor Business discontinued Formed new partnership	of this page. todian and location of records, (b) date of last payment of taxable wag not you will pay taxable wages in the future to household employees.	es to such	other transtaken place Yes If "Yes," att name and cessor or puthe success statement t	ge of ownership, or sfer, of the business e during the quarter? No ach statement showing address of your sucredecessor. If you are sor, include in the he date of your first taxable wages to one aployees.
EMPLOYEE'S ACCOUNT NUMBER If number is unknown, see Circular E or A	NAME OF EMPLOYEE (Please type or print)	Paid to Er	ABLE UNDER F.I.C.A. mployee in Quarter re deductions)	State, Possession, or Territory of Employment (or "Outside U. S.")
000 00 0000	Roth Jack Robert	Dollar	, ,	(20)
021 14 7958	One of Prymon of Person		600	Mass
079 01 4893	John Dutra Fields.		1600	Mass
022 18 9024	Albert Chester Frelds	/	16.00	Mass
079 01 4819	Frank Bradley Raymond Je		16 00	Mass.
028 10 6945	George Fr. Millings.	90	0 00	Mass.
	· · · · · · · · · · · · · · · · · · ·	-		
If there is not enough space to list all employees	above, use Schedule A continuation sheets, Form 941a.		<u></u>	
If there is not enough space to list all employees Total wages reported in column 19 on this		\$ 98 980	0 00	

DEPOSITARY RECEIPT RECORD

This space is to be used only by employers who make deposits of income tax withheld and F.I.C.A. taxes. 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 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.

Serial No. of Form 450	Fed. Res. Validation Date	Amount
***************************************		\$

***************************************		***************************************

***************************************	***************************************	

Total of all Depositary Receipts		\$
Total of other remittances (such		
Total payments (same a	is Item 9 on other side)	. \$
		WASHINGTON BY THE WAY AND DESCRIPTION OF THE PARTY OF THE

GENERAL INSTRUCTIONS

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 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 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 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 15 of the return.

Where to file.—The original of this form is to be sent to the United States 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 a collection district of the United States, with the Director of Internal Revenue, Baltimore 2, Md.

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

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

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

An employer who is liable for F.I.C.A. taxes and who has not applied for an identification number should file with the Director an application on Form SS-4. Such form may be obtained from the 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 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 filing correct returns on time, and by paying the tax with the returns. 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 of this return is to be used for the correction of errors in the amount of income tax withheld from wages as reported for the preceding quarters of the same calendar year. (Consult the 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 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 Director.

FORM 941 (Rev. Sept. 1952) U. S. Treasury Department Internal Revenue Service	EMPLOYER'S QUARTERLY FEDE	RAL TAX RETURN			DUPLICATE etained by taxpayer
 Federal Income Tax Withheld From Adjustment for preceding quarter(s) Income tax withheld, as adjusted Federal Insurance Contributions Act Number of employees listed in Schedu 	of calendar year. (Attach explanation	See instructions) Enter Ad 'None'')	Justed Total H	1ere \$ \$_	900 35
6. 3% of wages in Item 5 (1½% emplo 7. Credit or adjustment. (Attach expla	oyer tax and 11/2% employee tax)		42	532	4522
8. F.I.C.A. taxes (Item 6 as adjusted by 9. Total taxes (Item 3 plus Item 8). If	y Item 7)	Enter Ad		\$	94565
					11001
national trap I.	nc. 04-2151643	Return for Calendar Quarter (Enter quarter as shown on			RTANT
PO Box 393	3	lu May - Jun	place	of busines of each re	y at your principal s, together with a elated schedule or
10. Type or print in this space employer's nan		Bodon 1953 63608	enter dress,	on this co	ne return be sure to py your name, ad- cation number, and the return is filed.
List for each employee the WAGES ta employee more than \$3,600 in a calen	Y REPORT OF WAGES TAXABLE UNDER uxable under the Federal Insurance Con- dar year, report ONLY THE FIRST \$3, ccept in Items 15 and 16. See instruction	tributions Act which were	paid during	the quarte	er. If you pay an
	siness is sold or transferred by one emplosfer occurs, for example, if there is a char forms a partnership or a corporation. Ne new employer does not have an identification that the previous employer, but must file an ap	yer to another, each employee in membership of an of either employer should re- cation number, he should	oyer rdi- 13. T port not 14. N	otal pages of return, inc. this page as page as page as page so for otal number employees (same as Itumber of pay period pay period ing nearest third mon quarter exceptions.)	cluding not any m 941a er of listed em 4) persons during end-fisth of th in into tagri-
15. Do you expect to pay taxable wages in the a business, agricultural, governmental, o Write "Final Return" at the top Attach statement showing (a) cus employees, and (c) whether or	or nonprofit activity?	t payment of taxable wages to		as a chang other trans	e of ownership, or fer, of the business during the quarter?
If "No" Check reason, in appropriate block Sale of business to successor Business discontinued Formed new partnership				cessor or pro the successor statement th	ch statement showing address of your suc- decessor. If you are or, include in the le date of your first taxable wages to one ployees.
EMPLOYEE'S ACCOUNT NUMBER If number is unknown, see Circular E or A (17)	NAME OF EMPLOYEE (Please type or print) (18)	W	AGES TAXABLE U Paid to Employee (Before deduc	in Quarter	State, Possession, or Territory of Employment (or "Outside U. S.") (20)
000 00 0000	Asthur Con Al. &	nolouish	Dollars	Cents	mass
021 14 2958	mall Paymond	Perry	141	00	mass.
079 01 4893	John Dutra Free	ldo	176	50	mass.
0rr 18 90r4	Albert Chester F	tields	171	00	Mass.
049 01 4819	Frank Bradley Ray	mond gr.	171	00	Mass.
048 10 6945	George Th. mille	e Ju.	900	10	Mass.
					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

			8		
	above, use Schedule A continuation sheets, Form		1510	50	
Total wages reported in column 19 on thi	s page	ER \$	1510	50	Enter this total in Item 5 above.

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FORM 941 (Rev. Sept. 1952) U. S. Treasury Department Internal Revenue Service	E	MPLOYER'S QUARTERLY F	EDERAL TAX RETURN	0.11:		DUPLICATE stained by taxpayer
 Adjustment for precedir Income tax withheld, as Federal Insurance Cont Number of employees li 3% of wages in Item 5 Credit or adjustment. F.I.C.A. taxes (Item 6 	ng quarter(s) adjusted cributions Act sted in Schedul (1½% emplo (Attach explant as adjusted by	Wages (If not required to withhole of calendar year. (Attach explana	rite "None") Wages paid (from Item 21)	\$ 76/3	3 70	742 70 78 41 371 11
Mational Y. P.O. Box	ial In	04-2151643	Return for Calendar Quar (Enter quarter as shown original)	on Koplace copy	eep this cop	y at your principal s, together with a elated schedule or
Provincetor	1	ne, address, and identification number n original	104957	Beenter	fore filing the on this co	ne return be sure to py your name, ad- ication number, and the return is filed.
List for each employee the employee more than \$3,	ne WAGES ta	x REPORT OF WAGES TAXABLE Uxable under the Federal Insurance dar year, report ONLY THE FIRStept in Items 15 and 16. See instr	Contributions Act which was \$3,600 of such wages in S	ere paid durin chedule A. Ii	g the quarte wages were	er. If you pay an e not taxable under
must file a separate return. nary partnership, or if a so wages paid by the other em	Such a trans ole proprietor f aployer. If the er assigned to t	iness is sold or transferred by one of fer occurs, for example, if there is a forms a partnership or a corporation new employer does not have an idea he previous employer, but must file and 16 below.)	a change in membership of a n. Neither employer should dentification number, he show	nployer n ordi- report ild not	Total pages return, in this page a pages of Foi Total numb employees (same as I Number of employed pay period ing nearest third mon quarter excecultural and hold emplo	cluding nd any m 941a er of listed tem 4) persons during end- 15th of th in pt agri- house-
employees, and	governmental, o urn' at the top showing (a) cus (c) whether or	r nonprofit activity?	e of last payment of taxable wages	s to such	other trans taken place Yes If "Yes," att	ach statement showing
If "No" Check reason, in Sale of busines Business discor	ss to successor	Discharged all employees, but still Other (Specify)			name and cessor or pr the success statement the	address of your suc- edecessor. If you are or, include in the he date of your first taxable wages to one
EMPLOYEE'S ACCOUNT I If number is unknown, see Cin (17)		NAME OF EMI (Please type or (18)		WAGES TAXABLE Paid to Employ (Before det	e in Quarter uctions)	State, Possession, or Territory of Employment (or "Outside U. S.")
000 00	4824	Athen Coulle F	Rodovich	Dollars HO 1	Cents 40	mass.
021 14	7958	Coope Raymon	1 Perry	401	40	mass.
029 01	4893	OD D. to J	helds	419	10	mass.
022 18	9074	Albert Chester	Tields	401	40	mass.
079 01	4819	Frank Brad Dey	Raymond Iv.	390	40	Mass
078 10	6945	George Fr. Pm.	iller Jr.	600	00	mass.

		s above, use Schedule A continuation shee	ets, Form 941a.	2/12	70	
	AXABLE UNI	DER F.I.C.A., PAID DURING QU	UARTER	\$7613.	70	Enter this total in
(Total of column 19 c	of this page and	d of any continuation sheets)				- { Item 5 above. o7—16—60344-7

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