

Employer's Quarterly Federal Tax Return

See separate instructions for information on completing this return.

Please type or print.

Enter state code for state in which deposits were made **ONLY** if different from state in address to the right (see page 2 of instructions).

1

Paxton, Crow & Bragg, P.A.

Trade Name, if any

1851 W Indiantown Rd

Suites 104 & 105

Date Quarter Ended

03/31/05

Employer Identification Number

59-1234567

Jupiter

FL 33458

OMB No. 1545-0029

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If address is different from prior return, check here

1	1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	4	4	4	5	5	5
6	7	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	10	10	10	10	10	

If you do not have to file returns in the future, check here and enter date final wages paid

If you are a seasoned employer, see Seasonal employers on page 1 of the instructions and check here

1 Number of employees in the pay period that includes March 12th.	1		
2 Total wages and tips, plus other compensation	2	102,300.00	
3 Total income tax withheld from wages, tips, and sick pay	3	17,143.28	
4 Adjustment of withheld income tax for preceding quarters of calendar year	4	0.00	
5 Adjusted total of income tax withheld (line 3 as adjusted by line 4 - see instructions)	5	17,143.28	
6 Taxable social security wages	6a	102,600.00	x 12.4% (.124) =
Taxable social security tips	6c		x 12.4% (.124) =
7 Taxable Medicare wages	7a	102,600.00	x 2.9% (.029) =
8 Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax <input type="checkbox"/>	8	15,697.80	
9 Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ <u>0.00</u> +/- Fractions of Cents \$ <u>0.00</u> +/- Other \$ <u>0.00</u> =	9	0.00	
10 Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9 - see instructions)	10	15,697.80	
11 Total taxes (add lines 5 and 10)	11	32,841.08	
12 Advanced earned income credit (EIC) payments made to employees	12	0.00	
13 Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))	13	32,841.08	
14 Total deposits for quarter, including overpayment applied from a prior quarter	14	32,841.12	
15 Balance Due (subtract line 14 from line 13). See instructions	15	-0.04	
16 Overpayment. If line 14 is more than line 13, enter excess here \$ <u>0.04</u> and check to be: <input type="checkbox"/> Applied to next return OR <input type="checkbox"/> Refunded. * All filers: If line 13 is less than \$2,500, you need not complete line 17 or Schedule B (Form 941). * Semiweekly schedule depositors: Complete Schedule B (Form 941) and check here <input type="checkbox"/> * Monthly schedule depositors: Complete line 17, columns(a) through (d), and check here <input type="checkbox"/>			

17 Monthly Summary of Federal Tax Liability. Do not complete if you were a semiweekly schedule depositor.			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature
Print Your Name and Title
Date