

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**

(Rev. July 2020)

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	9	9	-	9	9	9	9	9	9
Name (not your trade name)	Captain America Consulting, LLC								
Trade name (if any)									
Address	123 Main Street								
	Number		Street		Suite or room number				
	Big City		OK		99999				
	City		State		ZIP code				
	Foreign country name		Foreign province/county		Foreign postal code				

**Report for this Quarter of 2020
(Check one.)**

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☒ 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	11
2	Wages, tips, and other compensation	2	99,660.02
3	Federal income tax withheld from wages, tips, and other compensation	3	8,770.37
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	102,108.76	$\times 0.124 =$	12,661.49
5a (i) Qualified sick leave wages	.	$\times 0.062 =$.
5a (ii) Qualified family leave wages	.	$\times 0.062 =$.
5b Taxable social security tips	.	$\times 0.124 =$.
5c Taxable Medicare wages & tips	102,108.76	$\times 0.029 =$	2,961.15
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.	$\times 0.009 =$.
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e 15,622.64		
5f Section 3121(q) Notice and Demand —Tax due on unreported tips (see instructions)	5f .		
6 Total taxes before adjustments. Add lines 3, 5e, and 5f	6 24,393.01		
7 Current quarter's adjustment for fractions of cents	7 .02		
8 Current quarter's adjustment for sick pay	8 .		
9 Current quarter's adjustments for tips and group-term life insurance	9 .		
10 Total taxes after adjustments. Combine lines 6 through 9	10 24,393.03		
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a .		
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b .		
11c Nonrefundable portion of employee retention credit from Worksheet 1	11c .		

► You MUST complete all three pages of Form 941 and SIGN it.

Next ➡

Name (not your trade name) Captain America Consulting, LLC	Employer identification number (EIN) 99-9999999
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Part 1: Answer the questions for this quarter. (continued)

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c.	11d	<input type="text" value="."/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	<input type="text" value="24,393.03"/>
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	<input type="text" value="24,393.03"/>
13b	Deferred amount of social security tax	13b	<input type="text" value="."/>
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1. . . .	13c	<input type="text" value="."/>
13d	Refundable portion of employee retention credit from Worksheet 1	13d	<input type="text" value="."/>
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	<input type="text" value="24,393.03"/>
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<input type="text" value="."/>
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e .	13g	<input type="text" value="24,393.03"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see the instructions	14	<input type="text" value="."/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value="."/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16	Check one:	<input type="checkbox"/>	Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
		<input type="checkbox"/>	You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.
	Tax liability:	Month 1	<input type="text" value="."/>
		Month 2	<input type="text" value="."/>
		Month 3	<input type="text" value="."/>
	Total liability for quarter	<input type="text" value="."/>	Total must equal line 12.
	<input checked="" type="checkbox"/>	You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.	

► You MUST complete all three pages of Form 941 and SIGN it.

Next ➔

Name Captain America Consulting, LLC	Employer identification number (EIN) 99-9999999
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Part 3:

17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages ; also attach a statement of your return. See Instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages **19**

20 Qualified health plan expenses allocable to qualified family leave wages **20**

21 Qualified wages for the employee retention credit **21**

22 Qualified health plan expenses allocable to wages reported on line 21 **22**

23 Credit from Form 5884-C, line 11, for this quarter **23**

24 Deferred amount of the employee share of social security tax included on line 13b . . . **24**

25 Reserved for future use **25**

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

☒ No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X**Sign your name here**

REFERENCE COPY

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use OnlyCheck if you're self-employed ☐

Preparer's name	PTIN
Preparer's signature	Date
Firm's name (or yours if self-employed)	EIN
Address	Phone
City	ZIP code
State	

Schedule B (Form 941):**Report of Tax Liability for Semiweekly Schedule Depositors**

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury -- Internal Revenue Service

Employer identification number
(EIN)

9 9 - 9 9 9 9 9 9 9

Name (not your trade name)

Captain America Consulting, LLC

Calendar year

2 0 2 0

(Also check quarter)

**Report for this Quarter ...
(Check one.)**☐

1: January, February, March

☐

2: April, May, June

☐

3: July, August, September

☒

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21	3,089.29	29	
6		14		22		30	
7	4,690.98	15		23		31	
8		16		24			

Tax liability for Month 1

7,780.27

Month 2

1		9		17		25	
2		10		18	2,899.38	26	
3		11		19		27	
4	2,812.56	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

5,711.94

Month 3

1		9		17		25	
2	2,978.81	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	2,942.32
7		15		23		31	
8		16	4,979.69	24			

Tax liability for Month 3

10,900.82

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

24,393.03

Worksheet 1. Credit for Qualified Sick and Family Leave Wages and the Employee Retention Credit

Keep for Your Records

Determine how you will complete this worksheet

If you paid both qualified sick and family leave wages and qualified wages for purposes of the employee retention credit this quarter, complete Step 1, Step 2, and Step 3. If you paid qualified sick and family leave wages this quarter but you didn't pay any qualified wages for purposes of the employee retention credit this quarter, complete Step 1 and Step 2. If you paid qualified wages for purposes of the employee retention credit this quarter but you didn't pay any qualified sick and family leave wages this quarter, complete Step 1 and Step 3.

Step 1. Determine the employer share of social security tax this quarter after it is reduced by any credit claimed on Form 8974 and any credit to be claimed on Form 5884-C			
1a	Enter the amount of social security tax from Form 941, Part 1, line 5a, column 2	1a	12,661.49
1b	Enter the amount of social security tax from Form 941, Part 1, line 5b, column 2	1b	
1c	Add lines 1a and 1b	1c	12,661.49
1d	Multiply line 1c by 50% (0.50)	1d	6,330.75
1e	If you're a third-party payer of sick pay that isn't an agent and you're claiming credits for amounts paid to your employees, enter the employer share of social security tax included on Form 941, Part 1, line 8 (enter as a positive number)	1e	
1f	Subtract line 1e from line 1d	1f	6,330.75
1g	If you received a Section 3121(q) Notice and Demand during the quarter, enter the amount of the employer share of social security tax from the notice	1g	
1h	Employer share of social security tax. Add lines 1f and 1g	1h	6,330.75
1i	Enter the amount from Form 941, Part 1, line 11a (credit from Form 8974)	1i	
1j	Enter the amount to be claimed on Form 5884-C, line 11, for this quarter	1j	
1k	Total nonrefundable credits already used against the employer share of social security tax. Add lines 1i and 1j	1k	
1l	Employer share of social security tax remaining. Subtract line 1k from line 1h	1l	6,330.75
Step 2. Figure the sick and family leave credit			
2a	Qualified sick leave wages reported on Form 941, Part 1, line 5a(i), column 1	2a	
2a(i)	Qualified sick leave wages included on Form 941, Part 1, line 5c, but not included on Form 941, Part 1, line 5a(i), column 1, because the wages reported on that line were limited by the social security wage base	2a(i)	
2a(ii)	Total qualified sick leave wages. Add lines 2a and 2a(i)	2a(ii)	
2b	Qualified health plan expenses allocable to qualified sick leave wages (Form 941, Part 3, line 19)	2b	
2c	Employer share of Medicare tax on qualified sick leave wages. Multiply line 2a(ii) by 1.45% (0.0145)	2c	
2d	Credit for qualified sick leave wages. Add lines 2a(ii), 2b, and 2c	2d	
2e	Qualified family leave wages reported on Form 941, Part 1, line 5a(ii), column 1	2e	
2e(i)	Qualified family leave wages included on Form 941, Part 1, line 5c, but not included on Form 941, Part 1, line 5a(ii), column 1, because the wages reported on that line were limited by the social security wage base	2e(i)	
2e(ii)	Total qualified family leave wages. Add lines 2e and 2e(i)	2e(ii)	
2f	Qualified health plan expenses allocable to qualified family leave wages (Form 941, Part 3, line 20)	2f	
2g	Employer share of Medicare tax on qualified family leave wages. Multiply line 2e(ii) by 1.45% (0.0145)	2g	
2h	Credit for qualified family leave wages. Add lines 2e(ii), 2f, and 2g	2h	
2i	Credit for qualified sick and family leave wages. Add lines 2d and 2h	2i	
2j	Nonrefundable portion of credit for qualified sick and family leave wages. Enter the smaller of line 1l or line 2i. Enter this amount on Form 941, Part 1, line 11b	2j	
2k	Refundable portion of credit for qualified sick and family leave wages. Subtract line 2j from line 2i and enter this amount on Form 941, Part 1, line 13c	2k	
Step 3. Figure the employee retention credit			
3a	Qualified wages (excluding qualified health plan expenses) for the employee retention credit (Form 941, Part 3, line 21)	3a	
3b	Qualified health plan expenses allocable to qualified wages for the employee retention credit (Form 941, Part 3, line 22)	3b	
3c	Qualified wages (excluding qualified health plan expenses) paid March 13, 2020, through March 31, 2020, for the employee retention credit (Form 941, Part 3, line 24). Enter an amount here only for the second quarter Form 941	3c	
3d	Qualified health plan expenses allocable to qualified wages paid March 13, 2020, through March 31, 2020, for the employee retention credit (Form 941, Part 3, line 25). Enter an amount here only for the second quarter Form 941	3d	
3e	Add lines 3a, 3b, 3c, and 3d	3e	
3f	Retention credit. Multiply line 3e by 50% (0.50)	3f	
3g	Enter the amount of the employer share of social security tax from Step 1, line 1l	3g	6,330.75
3h	Enter the amount of the nonrefundable portion of the credit for qualified sick and family leave wages from Step 2, line 2j	3h	
3i	Subtract line 3h from line 3g	3i	6,330.75
3j	Nonrefundable portion of employee retention credit. Enter the smaller of line 3f or line 3i. Enter this amount on Form 941, Part 1, line 11c	3j	
3k	Refundable portion of employee retention credit. Subtract line 3j from line 3f and enter this amount on Form 941, Part 1, line 13d	3k	

Caution:
Only complete lines 3c and 3d for your second quarter 2020 Form 941.