

FORM 941 V.I.

(REV. 10/2009)

**Government of the U. S. Virgin Islands
BUREAU OF INTERNAL REVENUE**

Employer's Quarterly Virgin Islands Tax Return
(Refer to Publication 15 or the Circular E for filing Requirements - see reverse for instructions)

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Employer Identification Number (EIN)

Name (as distinguished from tradename)

D/B/A

Mailing Address

City

State

Zip Code

A. Indicate your principal business activity code (SEE REVERSE):

B. If you do not have to file returns in the future, check here

and enter date final wages were paid (mm dd yy)

- -

C. If you are a seasonal employer, check here

Indicate Firm Type:

- Sole Proprietor
 Partnership
 Corporation

1.) Number of Employees (except household) employed during the quarter.

2.) Total Wages, Tips, plus other compensation..... 2

3.) Total income tax withheld from wages, tips, & sick pay..... 3

4.) Adjustment of withheld income tax for preceding quarters of calendar year..... 4

5.) Adjusted total of income tax withheld (line 3 adjusted by line 4)... 5

6.) Advanced earned income credit (EIC) payments made to employees, if any 6

7.) NET TAXES (subtract line 6 from line 5) THIS SHOULD EQUAL LINE 11 COLUMN(D) BELOW..... 7

8.) Total deposits for the quarter, including overpayment applied from prior quarter..... 8

9.) Balance Due to be paid with this return (7-8)..... 9

10.) Overpayment, if line 8 is more than line 7, enter excess \$ here ...
And check if to be: Applied to next return or Refunded. 10

TAX PERIOD
Indicate the appropriate quarter, check only one

1st QTR.
(JAN-FEB-MAR)
Ends: MAR. 31
Due: APR. 30

2ND QTR.
(APR-MAY-JUN)
Ends: JUN. 30
Due: JUL. 31

3RD QTR.
(JUL-AUG-SEP)
Ends: SEPT. 30
Due: OCT. 31

4TH QTR.
(OCT-NOV-DEC)
Ends: DEC. 31
Due: JAN 31

11.) MONTHLY SUMMARY OF TAX LIABILITY			
(a) 1st month liability	(b) 2nd month liability	(c) 3rd month liability	(d) Total Liability for Quarter
\$	\$	\$	\$

SEE BACK OF FORM FOR SPECIAL INSTRUCTIONS REGARDING LINES 11, 12, & 13 →

12.) MONTHLY SCHEDULE OF PAYDAYS						
	First Month		Second Month		Third Month	
	Sat-Tue	Wed-Fri	Sat-Tue	Wed-Fri	Sat-Tue	Wed-Fri
WK1						
WK2						
WK3						
WK4						
WK5						

13.) RECORD OF TAX DEPOSITS								
	Date	Amount	Date	Amount	Date	Amount	Date	Amount
WK1								
WK2								
WK3								
WK4								
WK5								

I declare under penalties of perjury that I have examined this return (including the accompanying schedules and statements) and to the best of my knowledge and belief is true, correct, and complete.

NAME: _____ TITLE: _____ (PRESIDENT, OWNER, ETC.)

SIGNATURE: _____ DATE: _____ Telephone: (____) _____