

M-941

MASSACHUSETTS DEPARTMENT OF REVENUE

**WQ**

**EMPLOYER'S QUARTERLY RETURN OF INCOME TAXES WITHHELD**

**YOU MUST FILE THIS FORM EVEN THOUGH NO TAX MAY BE DUE.**

NUMBER OF EMPLOYEES FROM WHOM TAXES WERE WITHHELD:

FEDERAL IDENTIFICATION NUMBER

BE SURE THIS RETURN COVERS THE CORRECT PERIOD

FOR QTR ENDING

Check here if EFT payment.

Note: An entry must be made in each line. Enter "0," if applicable.

IF ANY INFORMATION IS INCORRECT, SEE INSTRUCTIONS.

Check if final return and you wish to close your withholding tax account.

1. AMOUNT WITHHELD

2. ADJUSTMENT FOR PRIOR AMOUNT WITHHELD\*

3. AMOUNT DUE AFTER ADJUSTMENT (NOT LESS THAN "0")

4. PENALTIES

5. INTEREST

6. TOTAL AMOUNT DUE (ADD LINES 3, 4 AND 5)

Return is due with payment on or before the last day of the month following the calendar quarter indicated above. Make check payable to Commonwealth of Massachusetts. Mail to: **Mass. Department of Revenue, PO Box 7042, Boston, MA 02204.**

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

CHECK HERE IF USING THE BACK OF THIS FORM:

Signature

Title

Date

\*Explain any adjustment on reverse or it will be disallowed.

LINE 2 ADJUSTMENT INFORMATION

STATE REASON FOR ADJUSTMENT REQUEST:

	AS REPORTED	CORRECTED
AMOUNT WITHHELD		
ADJUSTMENT PRIOR PERIOD		
AMOUNT PAID		
REPORTED UNDER FED. IDENT. NO.		
REPORTING PERIOD IN ERROR		