M-941D	<u>) </u>	MASSACHUSETTS DEPARTMENT OF REVENUE							
WR	QU	QUARTERLY RETURN OF INCOME TAXES WITHHELD FOR EMPLOYER PAYING WEEKLY YOU MUST FILE THIS FORM EVEN THOUGH NO TAX MAY BE DUE.							
FEDERAL IDENTIFICATION NUMBER		BE SURE THIS RETURN COVERS THE CORRECT PERIOD	FOR QTR. ENDING	1. AMOUNT WITHHELD					
				2. ADJUSTMENT FOR PRIOR QTR. AMOUNT WITHHELD*					
IF ANY				3. AMOUNT DUE AFTER ADJUSTMENT					
INFOR- MATION IS				4A. PREVIOUS PAYMENTS MADE**					
INCORRECT, SEE			4B. CREDIT FROM PREVIOUS QUARTER						
INSTRUC- Tions.			4C. TOTAL (ADD LINE 4A AND LINE 4B)						
	☐ Check here if this is a fin	al return. Check here if EFT payment.	5. TOTAL TAX DUE (SUBTRACT LINE 4C FROM LINE 3)						
			6. PENALTIES AND INTEREST						
			7. TOTAL AMOUNT DUE (ADD LINE 5 AND LINE 6)						
		of Mass. Return this completed form with pay ox 7034, Boston, MA 02204-7034.	8. AMOUNT OVERPAID TO BE CREDITED TO NEXT PERIOD*						
		his return (including any accompanying sched f my knowledge and belief is a true, correct an	9. AMOUNT OVERPAID TO BE REFUNDED*						
Signature		Title	*See instructions. Explain any adjustment on reverse or it will be disallowed. Adjustment must be from immediate prior period. **List all payments made for this quarter on reverse.						

FORM TO FILE Y	— DO NOT USE PR OUR RETURN. ANY C NIZATION REQUIRES	CHANGE IN OWNER-	NOTE: THE ENTIRE OVERPAYMENT AMOUNT MUST BE EITHER CREDITED OR REFUNDED. DO NOT SPLIT THE OVERPAYMENT AMOUNT	LIST DATES AND AMOUNTS OF PAYMENTS MADE FOR THIS QUARTER (M-941W):	
	T FILE A NEW FORM		BETWEEN LINE 8 AND LINE 9.	DATE	AMOUNT
Al	DJUSTMENT INFORMA	TION	STATE REASON FOR ADJUSTMENT REQUEST:		
	AS REPORTED	CORRECTED			
AMOUNT WITHHELD	 				
ADJUSTMENT PRIOR PERIOD					
AMOUNT PAID					
REPORTED UNDER FED. IDENT. NO.					
REPORTING PERIOD IN ERROR					
				TOTAL	