

941 and 941 Sch B Printable Form

APTAFUND-3981

The Form 941 Quarterly Information Report will create a printable Form 941 and the related Schedule B form for signing and mailing to the Internal Revenue Service each quarter.

The Form 941 Quarterly Information Report is available at My AptaFund > Reports in the Payroll module. The report selection and parameters are as follows:

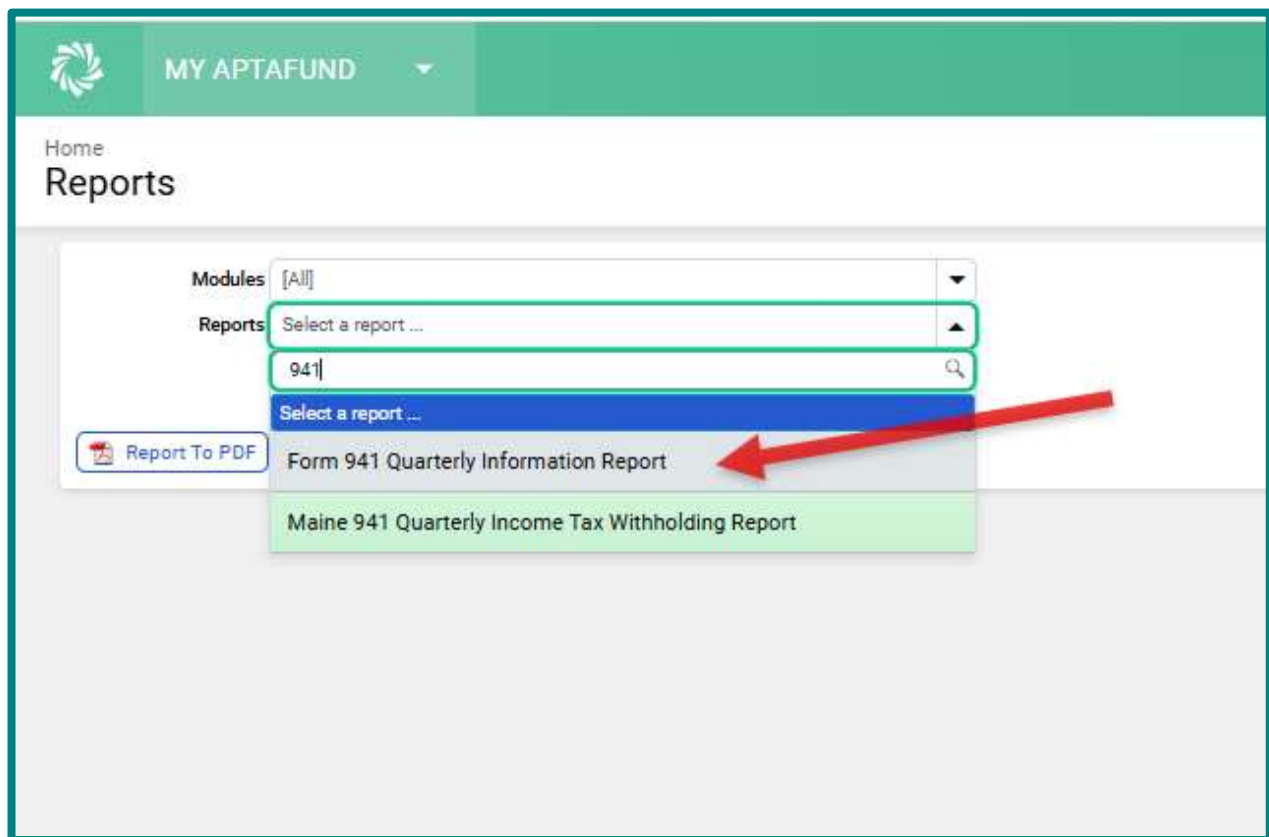


Figure 1: Report Selection

Select the "Form 941 Quarterly Information Report" option.

Contact Support:

apta50support@harriscomputer.com

<https://schoolfinancialsolutions.na3.teamsupport.com>

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The Report Parameter Screen has multiple additions as noted in "Red":

- Year/Quarter: enter the appropriate data or use the dropdown arrows to select.
- Tax Rates: the tax rates will default so it is not necessary to complete these fields.
- Employee Identifier: dropdown allows Employee Social Security Number or Employee Number.
- **Report Type: select 941 for the printable form. You can also get an information report.**
- **Overpayment for the Quarter (for line 13): this would be overpayment from a prior quarter that had been elected "apply to next return" on line 15 of the previous 941 return.**
- **Overpayment Application: if there is overpayment on this "current" 941 use the dropdown to let IRS know if overpayment should be applied to next return or refunded for line 15.**
- **Deposit Schedule: following IRS regulations related to the entity to select the deposit. The selection made here will determine the box checked in Part 2 Row 16 of the 941 on Page 2.**
- **Signer Name: enter the name of the individual that will sign the return.**
- **Signer Title: enter the title of the individual that will sign the return.**
- **Signer Phone: enter a phone number that IRS can call to reach the signer if questions arise.**
- **Signed Date: this date will show as the signature date on the printed return.**

The report should now be ready to print to PDF and the PDF file then printed, signed (live signature) and mailed.

Home
Reports

Modules [All]

Reports Form 941 Quarterly Information Report

[Unnamed Settings] Save Clear

Year 2025

Quarter First (Jan 1 - March 31)

Combined FICA Rate (Employee + Employer, ex. 0.124) 0.124

Combined Medicare Rate (Employee + Employer, ex 0.029) 0.029

Additional Medicare Tax Withholding Rate (ex 0.009) 0.009

Employee Identifier Employee SSN

Report Type Form 941

Overpayment for the Quarter (for Line 13) \$0.00

Overpayment Application To Next Return

Deposit Schedule Semiweekly Schedule Depositor

Signer Name Name

Signer Title Title

Signer Phone Phone #

Sign Date 04/18/2025

Display Options

☒ Show report parameters on report

☐ Suppress Sub Totals

☐ Suppress Grouping

☐ Fit to One Page Wide

Page Orientation Portrait

Note: Tax Table Rate Fields default to the appropriate rates

Select Form 941

Credit from previously filed 941 to be applied

Current quarter 941 overpaid - apply or refund

Select IRS deposit schedule

No changes are needed for these fields

Figure 2: Report Parameters

When the PDF file is opened, the three (3) page 941 and 941 Schedule B should be included in the PDF file.

941 for 2025: Employer's QUARTERLY Federal Tax Return
Form 941 (Rev. March 2025) Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 99-9876543

Name (not your trade name) School District

Trade name (if any)

Address 1776 Washington Ave.
Number Street Suite or room number
Somewhere CO 98765-4321
City State ZIP code
Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2025
(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. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 100

2 Wages, tips, and other compensation 2 858597.14

3 Federal income tax withheld from wages, tips, and other compensation 3 63241.21

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check here and go to line 6.

5a Taxable social security wages Column 1 Column 2
5a Taxable social security wages × 0.124 =
5b Taxable social security tips × 0.124 =
5c Taxable Medicare wages & tips 985284.13 × 0.029 = 28573.24
5d Taxable wages & tips subject to Additional Medicare Tax withholding × 0.009 =

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 28573.24

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 91814.45

7 Current quarter's adjustment for fractions of cents 7 0.12

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 91814.57

11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 .

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10 12 91814.57

13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter 13 92314.57

14 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 .

15 Overpayment. If line 13 is more than line 12, enter the difference 500.00 (Check one) ☒ Apply to next return. ☐ Send a refund.

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 170012 Form 941 (Rev. 3-2025)

Report for this
quarter box is
checked

On the parameter settings for this document, \$500 credit was entered in the "Overpayment for quarter (line 13) parameter. As you can see it increased the line 13 Total deposits including credit amount. This then caused an overpayment in this example. The overpayment of \$500 now shows on line 15 and the box is check to apply this overpayment to the next return.

Figure 3: 941/941 Sch B Pg-1

The appropriate quarter box will be checked at the top of the form. The amount fields pull to the appropriate report lines (including the payments for the quarter and the credit amount carried forward from the previous quarter that was entered on the report parameters as they were setup).

950224	
Name (not your trade name) School District	Employer identification number (EIN) 99 - 9876543

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: ☐ 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.

☒ 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	30130 .24	
Month 2	31210 .20	
Month 3	30474 .13	
Total liability for quarter	91814 .57	Total must equal line 12.

☒ 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.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

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 to 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.

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 both 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.

Sign your name here <input style="width: 100%;" type="text"/> Date <input style="width: 150px;" type="text"/> 04 / 18 / 2025	Print your name here <input style="width: 150px;" type="text"/> Jane Doe Print your title here <input style="width: 150px;" type="text"/> Dir of Finance Best daytime phone <input style="width: 150px;" type="text"/> 999 88 9992
--	--

Paid Preparer Use Only

Preparer's name <input style="width: 150px;" type="text"/>	Check if you're self-employed <input type="checkbox"/>
Preparer's signature <input style="width: 150px;" type="text"/>	PTIN <input style="width: 50px;" type="text"/>
Firm's name (or yours if self-employed) <input style="width: 150px;" type="text"/>	Date <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
Address <input style="width: 150px;" type="text"/>	EIN <input style="width: 50px;" type="text"/>
City <input style="width: 100px;" type="text"/> State <input style="width: 30px;" type="text"/>	Phone <input style="width: 50px;" type="text"/>
	ZIP code <input style="width: 50px;" type="text"/>

Page 2 Form 941 (Rev. 3-2025)

Figure 4: 941/941 Sch B Pg-2

The deposit schedule box is checked and Month 1, Month 2 & Month 3 liability amounts pulled to the report. Part 5 signature data pulled in based on the information entered on the report parameters.

The header information for Schedule B (Form 941) pulls to the report and the appropriate quarter box is checked for the quarter. The payroll liability for each pay date in the quarter pulled to the report. The total of Schedule B liabilities matches line 12 on page 1 of the 941.

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. March 2024)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

960311

Employer identification number (EIN) 9 9 - 9 8 7 6 5 4 3

Name (not your trade name) West Grand School District 1-Jt

Calendar year 2 0 2 4 (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 schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 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	28991.82	26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22	1138.42	30	
7		15		23		31	
8		16		24			

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20	31210.20	28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20	30474.13	28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

30130.24

Tax liability for Month 2

31210.20

Tax liability for Month 3

30474.13

Total liability for the quarter

91814.57

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3). Total must equal line 12 on Form 941.

For Paperwork Reduction Act Notice, see separate instructions.

www.irs.gov/Form941

Cat. No. 11867Q

Schedule B (Form 941) (Rev. 3-2024)

Figure 5: 941/941 Sch B Pg-3