



EFTPS for Federal Agencies

Enroll, Pay, and File Using EFTPS

Overview

- EFTPS is a joint initiative of FMS and IRS. It launched in 1996 with a telephone payment channel; EFTPS.gov was added in 2001.
- The service's objectives are to reduce costs and improve efficiency by:
 - Maximizing the percentage of tax collections received electronically by the Federal government
 - Reducing the cost of processing Federal tax payments
- Since 1996, EFTPS has processed more than 875 million payments totaling more than \$20 trillion.

Overview

- Federal Agencies can now use EFTPS, a free service of the U.S. Department of the Treasury, to enroll and make payments for Form 941, 945, CT-1, 720 or 1042 taxes.
- Agencies also can create and archive 941, 945, and CT-1 returns, and e-file 941 returns.
- Federal Agency tax payments are processed through CA\$HLINK II only and are driven by ALC.
- We have over 185 Federal Agencies already using EFTPS!! Here's how it works. Go to EFTPS.gov!

Start

The screenshot shows the EFTPS (Electronic Federal Tax Payment System) website. The header includes the EFTPS logo and the Department of the Treasury seal. A navigation bar contains links for HOME, ENROLLMENT (selected), MY PROFILE, PAYMENTS, HELP & INFORMATION, CONTACT US, and LOGIN. A progress indicator shows four steps: 1 Start (active), 2 Enroll, 3 Review, and 4 Complete. The main content area is titled 'Let's get started.' and includes a link for 'Already enrolled? Log In.' Below this is a section for the 'Privacy Act and Paperwork Reduction Act' with a scrollable text box containing a notice. At the bottom, there is a checkbox for accepting the Privacy Act and Paperwork Reduction Act, and a section for 'Enroll me as a:' with buttons for Business, Individual, and Federal Agency.

EFTPS
Electronic Federal Tax Payment System

HOME | **ENROLLMENT** | MY PROFILE | PAYMENTS | HELP & INFORMATION | CONTACT US | LOGIN

NEW TAXPAYER ENROLLMENT
ADDITIONAL TAXPAYER ENROLLMENT

1 **Start** | 2 Enroll | 3 Review | 4 Complete

Let's get started.

Already enrolled? [Log In.](#)

Privacy Act and Paperwork Reduction Act

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need this information to ensure that you are complying with the revenue laws and to allow us to figure and collect the right amount of tax. Our authority to ask for this information is 5 U.S.C. 301 and Internal Revenue Code sections 6001, 6011, 6012, and their applicable regulations. Section 6109 requires filers to provide their SSN or other identifying numbers. The information will be used to enroll you in the Electronic Federal Tax Payment System.

This is the equivalent of OMB Form No. 9779 (OMB 1545-1487)
For more information on these notices, read [Legislative Frequently Asked Questions](#).



I accept the Privacy Act and Paperwork Reduction Act.

Enroll me as a:

Business - or - Individual - or - Federal Agency

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New Taxpayer Enrollment




Electronic Federal Tax Payment System


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NEW TAXPAYER ENROLLMENT
ADDITIONAL TAXPAYER ENROLLMENT


Federal Agency: New Taxpayer Enrollment

PLEASE NOTE
Enrollment processing can take a few business days.
Once your PIN has arrived in the mail you can begin making payments.

Please enter the following information to enroll in EFTPS. If you make a mistake simply highlight the field and re-enter your information. For help, click the help  button and information will be provided in a "Help" window.



Employer Identification Number (EIN) - 

Business Name
Enter Agency name without punctuation. Use only alpha/ numeric characters, ampersand (&) and dash (-). 

Taxpayer Phone Number 
For international numbers, please include country code.
U.S. () -
International 011-

CLEAR FORM NEXT ►

Contact Information



Electronic Federal Tax Payment System

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NEW TAXPAYER ENROLLMENT
ADDITIONAL TAXPAYER ENROLLMENT



Contact Information

Primary Contact Name	<input type="text"/>	?
Primary Contact U.S. or International Street Address	<input type="text"/>	?
Primary Contact U.S. City	<input type="text"/>	?
Primary Contact State Enter two-letter abbreviation	<input type="text"/> List of State Abbreviations	?
Primary Contact U.S. Zip Code	<input type="text"/>	?
Primary Contact International City, Province and Postal Code	<input type="text"/>	?
Primary Contact International Country Enter two-letter abbreviation	<input type="text" value="US"/> List of Country Abbreviations	?
Primary Contact Phone Number For international numbers, please include country code.	U.S. (<input type="text"/>) <input type="text"/> - <input type="text"/> International 011- <input type="text"/>	?
Primary Contact E-Mail Address (optional)	<input type="text"/>	?

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Payment Profile Information



Electronic Federal Tax Payment System

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NEW TAXPAYER ENROLLMENT
ADDITIONAL TAXPAYER ENROLLMENT



Payment Profile Information

Agency Location Code (ALC) ?

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Verify Enrollment Data



Electronic Federal Tax Payment System

HOME | **ENROLLMENT** | MY PROFILE | PAYMENTS | HELP & INFORMATION | CONTACT US | LOGIN

NEW TAXPAYER ENROLLMENT
ADDITIONAL TAXPAYER ENROLLMENT

Verify Enrollment Data

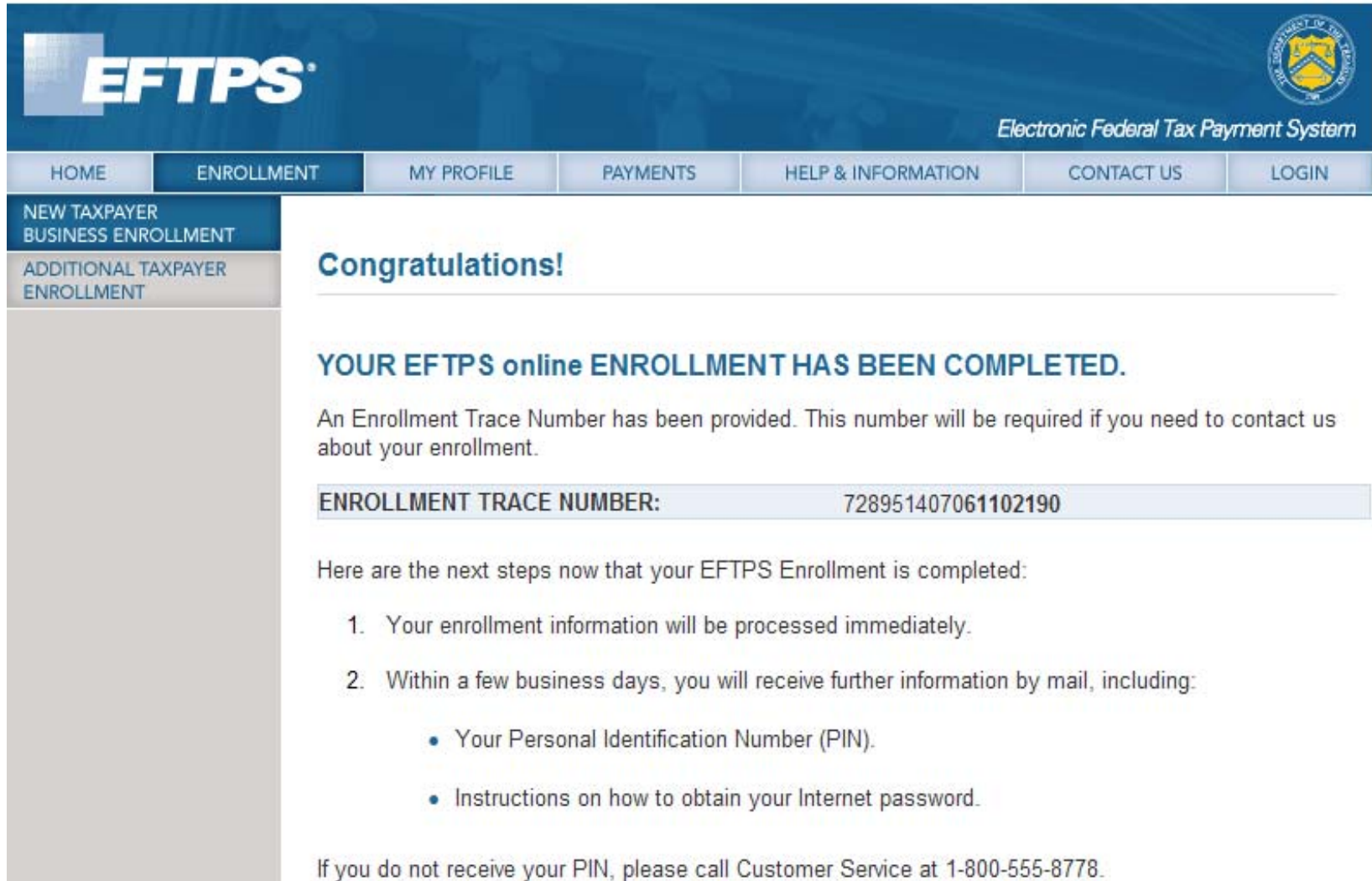
Please review the enrollment information below. If it is correct, press the 'Next' button to confirm this information. If you wish to make any changes to the following enrollment information use the 'Previous' button below to go back to sections of the Enrollment Form to make changes.

Enrollment Information	Entered Data
Employer Identification Number	10-2000000
Agency Location Code (ALC)	10100000
Business Name	ABC AGENCY
U.S. Phone Number	(303)555-1212
Primary Contact Name	AGENCY PERSON
Primary Contact U.S. or International Street Address	555 MAIN STREET
Primary Contact City	ITHACA
Primary Contact State	NEW YORK
Primary Contact Zip Code	14850
Primary Contact Country	UNITED STATES OF AMERICA (US)
Primary Contact U.S. Phone Number	(303)555-1212
Payment Method	CASH-LINK II

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Congratulations!





The screenshot shows the EFTPS (Electronic Federal Tax Payment System) website. The header features the EFTPS logo on the left and the Department of the Treasury seal on the right, with the text "Electronic Federal Tax Payment System" below it. A navigation menu includes links for HOME, ENROLLMENT (which is highlighted), MY PROFILE, PAYMENTS, HELP & INFORMATION, CONTACT US, and LOGIN. On the left side, there are two main menu items: "NEW TAXPAYER BUSINESS ENROLLMENT" (highlighted) and "ADDITIONAL TAXPAYER ENROLLMENT". The main content area displays a large "Congratulations!" heading, followed by the message "YOUR EFTPS online ENROLLMENT HAS BEEN COMPLETED." Below this, a paragraph states: "An Enrollment Trace Number has been provided. This number will be required if you need to contact us about your enrollment." A light blue box contains the text "ENROLLMENT TRACE NUMBER: 728951407061102190". The next steps are listed as follows:

Here are the next steps now that your EFTPS Enrollment is completed:

1. Your enrollment information will be processed immediately.
2. Within a few business days, you will receive further information by mail, including:
 - Your Personal Identification Number (PIN).
 - Instructions on how to obtain your Internet password.

If you do not receive your PIN, please call Customer Service at 1-800-555-8778.

Tax Payment - Tax Form Selection



Electronic Federal Tax Payment System

HOME ENROLLMENT MY PROFILE **PAYMENTS** HELP & INFORMATION CONTACT US LOGOUT

MAKE A TAX PAYMENT TAXPAYER NAME: NEW3 ENROLLMENT0110 EIN: xxxxxx0110 ALC: xxxxx0110

CANCEL A TAX PAYMENT

CHECK PAYMENT HISTORY

CREATE A TAX FILING

EDIT A TAX FILING

CHECK TAX FILING STATUS

Tax Form Selection

Please enter the number of the Tax Form you wish to pay, or select the Tax Form number from one of the drop-down lists. [?](#)

ENTER TAX FORM NUMBER

or

SELECT A TAX FORM

Most Common Forms :



All forms in numeric order :

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Select a Tax Form Page

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Tax Payment - Tax Type Selection



Electronic Federal Tax Payment System

HOME | ENROLLMENT | MY PROFILE | **PAYMENTS** | HELP & INFORMATION | CONTACT US | LOGOUT

MAKE A TAX PAYMENT | TAXPAYER NAME: NEW3 ENROLLMENT0110 | EIN: xxxxx0110 ALC: xxxxx0110

CANCEL A TAX PAYMENT | Payment - 941 Employers Federal Tax


CHECK PAYMENT HISTORY

CREATE A TAX FILING

EDIT A TAX FILING

CHECK TAX FILING STATUS

Tax Type Selection



Please select a Tax Type: 

- Federal Tax Deposit
- Balance due on return or notice
- Payment Due On An Amended Or Adjusted Return
- Audit Adjustment

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Agency Tax Payment



Electronic Federal Tax Payment System

HOME ENROLLMENT MY PROFILE **PAYMENTS** HELP & INFORMATION CONTACT US LOGOUT

MAKE A TAX PAYMENT TAXPAYER NAME: NEW3 ENROLLMENT0110 EIN: xxxxx0110 ALC: xxxx0110

CANCEL A TAX PAYMENT Payment - 941 Employers Federal Tax

CHECK PAYMENT HISTORY

CREATE A TAX FILING

EDIT A TAX FILING

CHECK TAX FILING STATUS

Agency Tax Payment



For fiscal year taxpayers, please enter the four-digit year in which your tax filing period ends. ?

Please enter the payment amount in the following format: \$\$\$\$\$\$\$\$.\$¢

Payment Amount	\$	<input type="text"/>	(example: 1234.56)	?				
Tax Period	Month	<input type="text" value="June (2nd Quarter)"/>		?				
	Year	<input type="text" value="2010"/>	(yyyy)					
Settlement Date		<input type="text" value="4"/>	/	<input type="text" value="19"/>	/	<input type="text" value="2010"/>	(mm/dd/yyyy)	?

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Tax Payment - Sub Category Amounts



Electronic Federal Tax Payment System

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CONTACT US
LOGOUT

MAKE A TAX PAYMENT
TAXPAYER NAME: NEW3 ENROLLMENT0110 EIN: xxxxx0110 ALC: xxxxx0110

CANCEL A TAX PAYMENT
Payment - 941 Employers Federal Tax

CHECK PAYMENT HISTORY

CREATE A TAX FILING

EDIT A TAX FILING

CHECK TAX FILING STATUS

Sub Category Amounts

For the tax form you have selected, please break down the amount being paid into one or more of the following Sub Categories. The total of Sub Category amounts must equal your Payment Amount: [?](#)

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.



Tax Form Selected	
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Payment Amount	\$500.00

Sub Category Amounts	
1 Social Security	\$ <input style="width: 100px;" type="text"/>
2 Medicare	\$ <input style="width: 100px;" type="text"/>
3 Tax Withholding	\$ <input style="width: 100px;" type="text"/>

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Tax Payment - Verify Payment Information



Electronic Federal Tax Payment System

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MAKE A TAX PAYMENT | TAXPAYER NAME: NEW3 ENROLLMENT0110 | EIN: xxxxx0110 ALC: xxxx0110

CANCEL A TAX PAYMENT

CHECK PAYMENT HISTORY

CREATE A TAX FILING

EDIT A TAX FILING

CHECK TAX FILING STATUS

Verify Payment Information



Please review all the information you have input before you click "Make a Payment." If you wish to make changes, click the "Previous" button below.

Payment Information	Entered Data
Taxpayer EIN	xxxxx0110
Agency Location Code (ALC)	xxxx0110
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	June/2010
Payment Amount	\$500.00
Settlement Date	04/19/2010

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Tax Payment - Deposit Confirmation



Electronic Federal Tax Payment System

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HELP & INFORMATION
CONTACT US
LOGOUT

MAKE A TAX PAYMENT
TAXPAYER NAME: NEW3 ENROLLMENT0110 EIN: xxxxx0110 ALC: xxxx0110

CANCEL A TAX PAYMENT
CHECK PAYMENT HISTORY
CREATE A TAX FILING
EDIT A TAX FILING
CHECK TAX FILING STATUS

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.


REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:
291972800861641

Payment Information	Entered Data
Taxpayer EIN	xxxxx0110
Agency Location Code (ALC)	xxxx0110
Tax Form	720 Quarterly Federal Excise Tax Return
Tax Type	Federal Tax Deposit
Tax Period	December/2009
Payment Amount	\$520.00
Settlement Date	11/24/2009


Thank You

FINISHED




PRINTER FRIENDLY
VERSION

MAKE ANOTHER
PAYMENT



WANT TO E-FILE?
CLICK HERE FOR
MORE INFORMATION

MAKE A PAYMENT
FOR ANOTHER TIN





VIEW AND SAVE
AS A PDF

VISIT OTHER
STATE WEB SITE

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Filing Form Selection



Electronic Federal Tax Payment System

HOME ENROLLMENT MY PROFILE **PAYMENTS** HELP & INFORMATION CONTACT US LOGOUT

MAKE A TAX PAYMENT TAXPAYER NAME: NEW3 ENROLLMENT0110 EIN: xxxxx0110 ALC: xxxx0110

CANCEL A TAX PAYMENT

CHECK PAYMENT HISTORY

CREATE A TAX FILING

EDIT A TAX FILING

CHECK TAX FILING STATUS

Filing Form Selection

Please enter the number of the Filing Form you wish to create, or select the Filing Form number from one of the drop-down lists. [?](#)

ENTER FILING FORM NUMBER

or



SELECT A FILING FORM

Most Common Forms:

All forms in numeric order:

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Filing Period Selection



Electronic Federal Tax Payment System

HOME | ENROLLMENT | MY PROFILE | **PAYMENTS** | HELP & INFORMATION | CONTACT US | LOGOUT

MAKE A TAX PAYMENT | TAXPAYER NAME: NEW3 ENROLLMENT0110 | EIN: xxxxxx0110 ALC: xxxxx0110

CANCEL A TAX PAYMENT

CHECK PAYMENT HISTORY

CREATE A TAX FILING

EDIT A TAX FILING

CHECK TAX FILING STATUS

Select Filing Period

SELECT QUARTER ?

- January, February, March
- April, May, June
- July, August, September
- October, November, December

SELECT YEAR ?

Enter Year:

or

Select Year:

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941 Filing Form

Form **941 for 2010: Employer's QUARTERLY Federal Tax Return**
 (Rev. February 2010) Department of the Treasury – Internal Revenue Service

950110

OMB No. 1545-0029

(EIN) Employer identification number -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Report for this Quarter of 2009
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

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: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), <i>Dec. 12</i> (Quarter 4)	1	<input type="text" value="0"/>
2	Wages, tips, and other compensation	2	<input type="text" value="0.00"/>
3	Income tax withheld from wages, tips, and other compensation	3	<input type="text" value="0.00"/>
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.

941 Filing Form

Form **941 for 2010: Employer's QUARTERLY Federal Tax Return** 950110
(Rev. February 2010) Department of the Treasury - Internal Revenue Service CMB No. 1545-0039

(EIN) Employer identification number

Name (not your trade name)

Trade name (if any)

Address
Number Street Suite or room number

City State ZIP code

Report for this Quarter of 2010 (Check one)
 1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

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: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)

2 Wages, tips, and other compensation

3 Income tax withheld from wages, tips, and other compensation

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

5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2
5a Taxable social security wages	<input type="text" value="0.00"/>	× .124 =	<input type="text" value="0.00"/>
5b Taxable social security tips	<input type="text" value="0.00"/>	× .124 =	<input type="text" value="0.00"/>
5c Taxable Medicare wages & tips	<input type="text" value="0.00"/>	× .029 =	<input type="text" value="0.00"/>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) -			<input type="text" value="0.00"/>

6 Total taxes before adjustments (lines 3 + 5d = line 6)

7 CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment.
 See the instructions.

7a Current quarter's fractions of cents

7b Current quarter's sick pay

7c Current quarter's adjustments for tips and group-term life insurance

7d TOTAL ADJUSTMENTS. Combine all amounts on lines 7a through 7c

8 Total taxes after adjustments. Combine lines 6 and 7d

9 Advance earned income credit (EIC) payments made to employees

10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X:

12a COBRA premium assistance payments (see instructions)

12b Number of individuals provided COBRA premium assistance reported on line 12a

13 Add lines 11 and 12a

14 Balance due. If line 10 is more than line 13, write the difference here
 For information on how to pay, see the instructions.

15 Overpayment. If line 13 is more than line 10, write the difference here
 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 the back of the Payment Voucher. Cat. No. 170012Z Form 941 (Rev. 2-2010)

[Save](#) [Abandon](#) [Submit](#) [Instructions](#)

945 Filing Form

Form **945** Annual Return of Withheld Federal Income Tax

OMB No. 1545-1430

Department of the Treasury Internal Revenue Service

For withholding reported on Forms 1099 and W-2G.
 ▶ See separate instructions. For more information on income tax withholding see Pub. 15 (Chc. E) and Pub. 15-A.
 Please type or print.

2009

Enter state code for state in which deposits were made only if different from state in address to the right ▶ (see the instructions).

Name (as distinguished from trade name)
NEW ENROLLMENT0110
 Trade name, if any

Calendar year
2009
 Employer identification number (EIN)
358500110

Address (number and street)
62004 SOUTH QUEBEC STREET
 City, state, and ZIP code
GREENWOOD VILLAGE CO 801112345

If address is different from prior return, check here. ▶

A If you do not have to file returns in the future, check here ▶ and enter date final payments made. ▶

1	Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc.	1	0.00
2	Backup withholding	2	0.00
3	Total taxes. If \$2,500 or more, this must equal line 7M below or line M of Form 945-A	3	0.00
4	Total deposits for 2009, including overpayment applied from a prior year and overpayment applied from Form 945-X	4	0.00
5	Balance due, if line 3 is more than line 4, write the difference here. For information on how to pay, see the instructions	5	0.00

6 Overpayment. If line 4 is more than line 3, enter overpayment here ▶ \$ 0.00 and check if to be:
 Applied to next return or Refunded.

- All filers: If line 3 is less than \$2,500, do not complete line 7 or Form 945-A.
- Semiweekly schedule depositors: Complete Form 945-A and check here ▶
- Monthly schedule depositors: Complete line 7, entries A through M, and check here ▶

7 Monthly Summary of Federal Tax Liability. (Do not complete if you were a semiweekly schedule depositor.)

	Tax liability for month		Tax liability for month		Tax liability for month
A January	0.00	F June	0.00	K November	0.00
B February	0.00	G July	0.00	L December	0.00
C March	0.00	H August	0.00	M Total liability for year (add lines A through L)	0.00
D April	0.00	I September	0.00		
E May	0.00	J October	0.00		

Third-Party Designee Do you want to allow another person to discuss this return with the IRS (see the instructions)? Yes. Complete the following. No.

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here 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.

Signature ▶ Print Your Name and Title ▶ Date ▶

Paid Preparer's Use Only Preparer's signature ▶ Date ▶ Check if self-employed Preparer's SSN or PTIN ▶
 Firm's name (or yours, if self-employed), address, and ZIP code ▶ EIN ▶ Phone no. () ▶

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 14594B Form **945** (2009)

[Save Abandon Instructions](#)

CT-1 Filing Form

Form **CT-1** **Employer's Annual Railroad Retirement Tax Return** OMB No. 1545-0001

Department of the Treasury Internal Revenue Service **2009**

▶ See the separate instructions.

Name: **NEWS ENROLLMENT0110** Employer identification number (EIN): **358500110**
 Address number and street: **62004 SOUTH QUEBEC STREET** RRB number:
 City, state, and ZIP code: **GREENWOOD VILLAGE CO 80112345** Calendar year: **2009**

If final return, check here.

Part I Railroad Retirement Taxes. On lines 1–10 below, enter the amount of compensation for each tax. Then, multiply it by the rate shown and enter the tax.

	Compensation	Rate	Tax
1 Tier I Employer Tax—Compensation (other than tips and sick pay) paid in 2009	\$ 0.00	6.2%	1 0.00
2 Tier I Employer Medicare Tax—Compensation (other than tips and sick pay) paid in 2009	\$ 0.00	1.45%	2 0.00
3 Tier II Employer Tax—Compensation (other than tips) paid in 2009	\$ 0.00	12.1%	3 0.00
4 Tier I Employee Tax—Compensation (other than sick pay) paid in 2009	\$ 0.00	6.2%	4 0.00
5 Tier I Employee Medicare Tax—Compensation (other than sick pay) paid in 2009 (for tips, see instructions)	\$ 0.00	1.45%	5 0.00
6 Tier II Employee Tax—Compensation (for tips, see instructions) paid in 2009	\$ 0.00	3.9%	6 0.00
7 Tier I Employer Tax—Sick pay paid in 2009	\$ 0.00	6.2%	7 0.00
8 Tier I Employer Medicare Tax—Sick pay paid in 2009	\$ 0.00	1.45%	8 0.00
9 Tier I Employee Tax—Sick pay paid in 2009	\$ 0.00	6.2%	9 0.00
10 Tier I Employee Medicare Tax—Sick pay paid in 2009	\$ 0.00	1.45%	10 0.00
11 Total tax based on compensation (add lines 1 through 10)			11 0.00
12 Adjustments to employer and employee railroad retirement taxes based on compensation. See the instructions for line 12 and attach required statements. Fractions of Cents \$ 0.00 ± Other \$ 0.00			12 0.00
13 Total railroad retirement taxes based on compensation (line 11 adjusted by line 12)			13 0.00
14 Total railroad retirement tax deposits for the year, including overpayment applied from a prior year and overpayment applied from Form CT-1 X			14 0.00
15 Balance due (subtract line 14 from line 13). Pay to the "United States Treasury" (see instructions). Pay using EFTPS or complete Form CT-1(V), Payment Voucher, and enclose with return and payment.			15 0.00
16 Overpayment. If line 14 is more than line 13, enter overpayment here ▶ \$ 0.00 and check if you want it <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded.			

All filers: If line 13 is less than \$2,500, do not complete Part II or Form 945-A.
 Semiweekly schedule depositors: Complete Form 945-A and see the Part II instructions on page 2.
 Monthly schedule depositors: Complete Part II on page 2.

Do you want to allow another person to discuss this return with the IRS (see the instructions)? Yes. Complete the following. No.

Third-Party Designee
 Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here
 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.



Signature ▶ Print Your Name and Title ▶ Date ▶ Preparer's SSN or PTIN ▶

Paid Preparer's Use Only
 Preparer's signature ▶ Firm's name (or yours if self-employed, address, and ZIP code) ▶ EIN ▶ Phone no. () ▶

For Privacy Act and Paperwork Reduction Act Notice, see back of payment voucher. Cat. No. 150005 Form CT-1 (2009)

[Save](#) [Abandon](#) [Instructions](#)

941 Filing Confirmation



Electronic Federal Tax Payment System

HOME ENROLLMENT MY PROFILE **PAYMENTS** HELP & INFORMATION CONTACT US LOGOUT

MAKE A TAX PAYMENT TAXPAYER NAME: NEW3 ENROLLMENT0110 EIN: xxxxxx0110 ALC: xxxxx0110

CANCEL A TAX PAYMENT

CHECK PAYMENT HISTORY

CREATE A TAX FILING

EDIT A TAX FILING

CHECK TAX FILING STATUS

Filing Confirmation


Your filing has been accepted.


FILING TRACE NUMBER	651470109101615
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Filing Information	Entered Data
Filing Form	941 Employers Federal Tax
Filing Period	First Quarter 2010

Thank You

FINISHED


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TAXPAYER NAME: NEW3 ENROLLMENT0110 EIN: xxxxx0110 ALC: xxx0110

Filing History

Your filing history is displayed at the bottom of this page. Click the icon for additional information regarding filing history.

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Filing Form Search:

941 945 CT-1
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Advanced Search:

Select Quarter: January, February, March
 April, May, June
 July, August, September
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 All Quarters

Enter Year:

Filing Trace Number:

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Filing Form	Filing Status	Filing Period	Filing Trace Number		
941 Employers Federal Tax	Saved	First Quarter 2010	916479077101012	View	Edit
941 Employers Federal Tax	Saved	First Quarter 2009	527195222091437	View	Edit
941 Employers Federal Tax	Saved	Second Quarter 2009	429886356091242	View	Edit
941 Employers Federal Tax	Saved	First Quarter 2009	098044264091417	View	Edit
941 Employers Federal Tax	Saved	Third Quarter 2009	826102222091501	View	Edit
941 Employers Federal Tax	Saved	First Quarter 2009	990863196090938	View	Edit

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