FORM 941 V.I.
(Rev. 6/2000)

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)

Employer Identification Number (EIN) | Serial # (FOR INTERNAL USE ONLY) | **200**

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 COL(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

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. 30**

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

☐ **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 WEEKLY SCHEDULE OF PAYDAYS

	FIRST MONTH		SECOND MONTH		THIRD MONTH	
	Sat-Tue	Wed-Fri	Sat-Tue	Wed-Fri	Sat-Tue	Wed-Fri
WK 1						
WK 2						
WK 3						
WK 4						
WK 5						

#13 RECORD OF TAX DEPOSITS

	Date	Amount	Date	Amount	Date	Amount	Date	Amount
WK 1								
WK 2								
WK 3								
WK 4								
WK 5								

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: _____