

# FORM 941 V.I.

(REV. 05/2012)

## 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)

20

Name (as distinguished from tradename)

D/B/A

Mailing Address

City

State

Zip Code

### TAX PERIOD

Check only one quarter

1st QTR. ☐  
(JAN-FEB-MAR)  
Ends: MAR. 31  
Due: APR. 30

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

2ND QTR. ☐  
(APR-MAY-JUN)  
Ends: JUN. 30  
Due: JUL. 31

4TH QTR. ☐  
(OCT-NOV-DEC)  
Ends: DEC. 31  
Due: JAN 31

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 COLUMN(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.) Overpayment, if line 8 is more than line 7, enter excess \$ here ...  
And check if to be: ☐ Applied to next return or ☐ Refunded. 10

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



12.) Check if you are a semiweekly depositor. ☐

Complete and attach Schedule B (Form 941VI).

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: \_\_\_\_\_ Telephone: \_\_\_\_\_