

Form **941-X: Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund**

(Rev. June 2009)

Department of the Treasury — Internal Revenue Service

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

Use this form to correct errors you made on Form 941 or 941-SS for **one quarter only**. Type or print within the boxes. You **MUST** complete all three pages. Read the instructions before completing this form. Do not attach this form to Form 941 or 941-SS.

Return You Are Correcting ...

Check the type of return you are correcting:

- 941
 941-SS

Check the **ONE** quarter you are correcting:

- 1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

Enter the calendar year of the quarter you are correcting:

(YYYY)

Enter the date you discovered errors:

(MM / DD / YYYY)

Part 1: Select ONLY one process.

1. **Adjusted employment tax return.** Check this box if you underreported amounts. Also check this box if you overreported amounts and you would like to use the adjustment process to correct the errors. You must check this box if you are correcting both underreported and overreported amounts on this form. The amount shown on line 18, if less than 0, may only be applied as a credit to your Form 941, Form 941-SS, Form 944, or Form 944-SS for the tax period in which you are filing this form.
2. **Claim.** Check this box if you overreported amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 18. Do not check this box if you are correcting ANY underreported amounts on this form.

Part 2: Complete the certifications.

3. I certify that I have filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.

Note. If you are correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 and 5.

4. If you checked line 1 because you are adjusting overreported amounts, check all that apply. You must check at least one box. I certify that:

- a. I repaid or reimbursed each affected employee for the overcollected federal income tax for the current year and the overcollected social security and Medicare tax for current and prior years. For adjustments of employee social security and Medicare tax overcollected in prior years, I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
- b. The adjustment of social security tax and Medicare tax is for the employer's share only. I could not find the affected employees or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
- c. The adjustment is for federal income tax, social security tax, and Medicare tax that I did not withhold from employee wages.

5. If you checked line 2 because you are claiming a refund or abatement of overreported employment taxes, check all that apply. You must check at least one box. I certify that:

- a. I repaid or reimbursed each affected employee for the overcollected social security and Medicare tax. For claims of employee social security and Medicare tax overcollected in prior years, I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
- b. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security and Medicare tax. For refunds of employee social security and Medicare tax overcollected in prior years, I also have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
- c. The claim for social security tax and Medicare tax is for the employer's share only. I could not find the affected employees; or each employee did not give me a written consent to file a claim for the employee's share of social security and Medicare tax; or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
- d. The claim is for federal income tax, social security tax, and Medicare tax that I did not withhold from employee wages.

Next →

Part 3: Enter the corrections for this quarter. If any line does not apply, leave it blank.

	Column 1	Column 2	Column 3	Column 4
	Total corrected amount (for ALL employees)	Amount originally reported or as previously corrected (for ALL employees)	Difference (If this amount is a negative number, use a minus sign.)	Tax correction
6. Wages, tips and other compensation (from line 2 of Form 941)	0 00	12876 00	-12876 00	Use the amount in Column 1 when you prepare your Forms W-2 or Forms W-2c.
7. Income tax withheld from wages, tips, and other compensation (from line 3 of Form 941)	0 00	1518 00	-1518 00	Copy Column 3 here ▶ -1518 00
8. Taxable social security wages (from line 5a, Column 1 of Form 941 or Form 941-SS)	0 00	18000 00	-18000 00	× .124* = -2232 00 <small>*If you are correcting your employer share only, use .062. See instructions.</small>
9. Taxable social security tips (from line 5b, Column 1 of Form 941 or Form 941-SS)				× .124* = <small>*If you are correcting your employer share only, use .062. See instructions.</small>
10. Taxable Medicare wages and tips (from line 5c, Column 1 of Form 941 or Form 941-SS)	0 00	18000 00	-18000 00	× .029* = -522 00 <small>*If you are correcting your employer share only, use .0145. See instructions.</small>
11. Tax adjustments (from lines 7a through 7c of Form 941 or Form 941-SS)				Copy Column 3 here ▶
12. Special addition to wages for federal income tax				See instructions
13. Special addition to wages for social security taxes				See instructions
14. Special addition to wages for Medicare taxes				See instructions
15. Combine the amounts on lines 7-14 of Column 4				-4272 00
16. Advance earned income credit (EIC) payments made to employees (from Form 941, line 9)				See instructions
17a. COBRA premium assistance payments (from line 12a of Form 941 or 941-SS)				See instructions
17b. Number of individuals provided COBRA premium assistance (from line 12b of Form 941 or 941-SS)				
18. Total. Combine the amounts in lines 15, 16, and 17a of Column 4				-4272 00

If line 18 is less than 0:

- If you checked line 1, this is the amount you want applied as a credit to your Form 941 or Form 941-SS for the tax period in which you are filing this form. (If you are currently filing a Form 944 or Form 944-SS, Employer's ANNUAL Federal Tax Return, see the instructions.)
- If you checked line 2, this is the amount you want refunded or abated.

If line 18 is more than 0, this is the amount you owe. Pay this amount when you file this return. For information on how to pay, see *Amount You Owe* in the instructions.

Name (not your trade name) H&M Analytical Services, Inc.	Employer identification number (EIN) 22-██████████	Correcting quarter 1 (1, 2, 3, 4) Correcting calendar year (YYYY) 2008
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Part 4: Explain your corrections for this quarter.

- 19. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 21.
- 20. Check here if any corrections involve reclassified workers. Explain on line 21.
- 21. You must give us a detailed explanation of how you determined your corrections. See the instructions.

Amounts entered as "Wages" were not "Wages" as defined in 26 USC. These compensations were PRIVATE-sector payments to hired workers. The hired unprivileged workers were not "Employees" as defined in 26 USC. H&M is a PRIVATE-sector company, incorporated in the union State of New Jersey and has no connection with federally-privileged activities. Therefore, it is not liable for payment of any Federal Income Tax, nor is it competent for H&M Analytical Services, Inc. to withhold from its workers any Social Security, Medicare, or Federal Withholding taxes. According to 26 USC and other relevant IRC and Tax Law, jurisdiction of the Federal government is limited to the ceded portions of the union States; US possessions which include the Commonwealth of Puerto Rico, American Samoa, Guam, the US Virgin Islands; and the District of Columbia. Anything beyond those federal territorial limits are outside the scope of Federal taxing authority.

Part 5: Sign here. You must complete all three pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, including accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X	Sign your name here	<input type="text" value="W. F. H. H. H. H."/>	Print your name here	<input type="text" value="W. F. H. H. H. H."/>
	Date	<input type="text" value="8 / 20 / 2010"/>	Print your title here	<input type="text" value="President"/>
			Best daytime phone	<input type="text" value="(609) 758 - 5700"/>

Paid preparer's use only	Check if you are self-employed <input type="checkbox"/>		
Preparer's name	<input type="text"/>	Preparer's SSN/PTIN	<input type="text"/>
Preparer's signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Firm's name (or yours if self-employed)	<input type="text"/>	EIN	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text" value="() -"/>
City	<input type="text"/>	State	<input type="text"/>
		ZIP code	<input type="text"/>

Name (not your trade name)

Employer identification number (EIN)

Correcting quarter 2 (1, 2, 3, 4)

H&M Analytical Services, Inc.

22- [REDACTED]

Correcting calendar year (YYYY)

2008

Part 3: Enter the corrections for this quarter. If any line does not apply, leave it blank.

	Column 1	Column 2	Column 3	Column 4
	Total corrected amount (for ALL employees)	Amount originally reported or as previously corrected (for ALL employees)	Difference (If this amount is a negative number, use a minus sign.)	Tax correction
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9. Taxable social security tips (from line 5b, Column 1 of Form 941 or Form 941-SS)				× .124* = <small>*If you are correcting your employer share only, use .062. See instructions.</small>
10. Taxable Medicare wages and tips (from line 5c, Column 1 of Form 941 or Form 941-SS)	0 00	18000 00	-18000 00	× .029* = -522 00 <small>*If you are correcting your employer share only, use .0145. See instructions.</small>
11. Tax adjustments (from lines 7a through 7c of Form 941 or Form 941-SS)				Copy Column 3 here ▶
12. Special addition to wages for federal income tax				See instructions
13. Special addition to wages for social security taxes				See instructions
14. Special addition to wages for Medicare taxes				See instructions
15. Combine the amounts on lines 7-14 of Column 4				-4272 00
16. Advance earned income credit (EIC) payments made to employees (from Form 941, line 9)				See instructions
17a. COBRA premium assistance payments (from line 12a of Form 941 or 941-SS)				See instructions
17b. Number of individuals provided COBRA premium assistance (from line 12b of Form 941 or 941-SS)				
18. Total. Combine the amounts in lines 15, 16, and 17a of Column 4				-4272 00

If line 18 is less than 0:

- If you checked line 1, this is the amount you want applied as a credit to your Form 941 or Form 941-SS for the tax period in which you are filing this form. (If you are currently filing a Form 944 or Form 944-SS, Employer's ANNUAL Federal Tax Return, see the instructions.)
- If you checked line 2, this is the amount you want refunded or abated.

If line 18 is more than 0, this is the amount you owe. Pay this amount when you file this return. For information on how to pay, see Amount You Owe in the instructions.

Next →

Name (not your trade name) H&M Analytical Services, Inc.	Employer identification number (EIN) 22-██████████	Correcting quarter 2 (1, 2, 3, 4) Correcting calendar year (YYYY) 2008
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Part 4: Explain your corrections for this quarter.

19. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 21.
20. Check here if any corrections involve reclassified workers. Explain on line 21.
21. You must give us a detailed explanation of how you determined your corrections. See the instructions.

Amounts entered as "Wages" were not "Wages" as defined in 26 USC. These compensations were PRIVATE-sector payments to hired workers. The hired unprivileged workers were not "Employees" as defined in 26 USC. H&M is a PRIVATE-sector company, incorporated in the union State of New Jersey and has no connection with federally-privileged activities. Therefore, it is not liable for payment of any Federal Income Tax, nor is it competent for H&M Analytical Services, Inc. to withhold from its workers any Social Security, Medicare, or Federal Withholding taxes. According to 26 USC and other relevant IRC and Tax Law, jurisdiction of the Federal government is limited to the ceded portions of the union States; US possessions which include the Commonwealth of Puerto Rico, American Samoa, Guam, the US Virgin Islands; and the District of Columbia. Anything beyond those federal territorial limits are outside the scope of Federal taxing authority.

Part 5: Sign here. You must complete all three pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, including accompanying schedules and statements, and to the best of my knowledge and belief, they are 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

Print your name here

Print your title here

Date

Best daytime phone

Paid preparer's use only

Check if you are self-employed

Preparer's name	<input type="text"/>	Preparer's SSN/PTIN	<input type="text"/>
Preparer's signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Firm's name (or yours if self-employed)	<input type="text"/>	EIN	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text" value="() -"/>
City	<input type="text"/>	State	<input type="text"/>
		ZIP code	<input type="text"/>

Form **941-X: Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund**
 (Rev. June 2009) Department of the Treasury — Internal Revenue Service 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

Return You Are Correcting ...

Check the type of return you are correcting:

941

941-SS

Check the ONE quarter you are correcting:

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Enter the calendar year of the quarter you are correcting:

(YYYY)

Use this form to correct errors you made on Form 941 or 941-SS for **one quarter only**. Type or print within the boxes. You **MUST** complete all three pages. Read the instructions before completing this form. Do not attach this form to Form 941 or 941-SS.

Part 1: Select ONLY one process.

- 1. **Adjusted employment tax return.** Check this box if you underreported amounts. Also check this box if you overreported amounts and you would like to use the adjustment process to correct the errors. You must check this box if you are correcting both underreported and overreported amounts on this form. The amount shown on line 18, if less than 0, may only be applied as a credit to your Form 941, Form 941-SS, Form 944, or Form 944-SS for the tax period in which you are filing this form.
- 2. **Claim.** Check this box if you overreported amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 18. Do not check this box if you are correcting ANY underreported amounts on this form.

Enter the date you discovered errors:

(MM / DD / YYYY)

Part 2: Complete the certifications.

- 3. I certify that I have filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.
 Note. If you are correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 and 5.
- 4. If you checked line 1 because you are adjusting overreported amounts, check all that apply. You must check at least one box. I certify that:
 - a. I repaid or reimbursed each affected employee for the overcollected federal income tax for the current year and the overcollected social security and Medicare tax for current and prior years. For adjustments of employee social security and Medicare tax overcollected in prior years, I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
 - b. The adjustment of social security tax and Medicare tax is for the employer's share only. I could not find the affected employees or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
 - c. The adjustment is for federal income tax, social security tax, and Medicare tax that I did not withhold from employee wages.
- 5. If you checked line 2 because you are claiming a refund or abatement of overreported employment taxes, check all that apply. You must check at least one box. I certify that:
 - a. I repaid or reimbursed each affected employee for the overcollected social security and Medicare tax. For claims of employee social security and Medicare tax overcollected in prior years, I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
 - b. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security and Medicare tax. For refunds of employee social security and Medicare tax overcollected in prior years, I also have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
 - c. The claim for social security tax and Medicare tax is for the employer's share only. I could not find the affected employees; or each employee did not give me a written consent to file a claim for the employee's share of social security and Medicare tax; or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
 - d. The claim is for federal income tax, social security tax, and Medicare tax that I did not withhold from employee wages.

Next →

Name (not your trade name)

Employer identification number (EIN)

Correcting quarter **3** (1, 2, 3, 4)

H&M Analytical Services, Inc.

22-██████

Correcting calendar year (YYYY)
2008

Part 3: Enter the corrections for this quarter. If any line does not apply, leave it blank.

	Column 1	Column 2	Column 3	Column 4
	Total corrected amount (for ALL employees)	Amount originally reported or as previously corrected (for ALL employees)	Difference (If this amount is a negative number, use a minus sign.)	Tax correction
6. Wages, tips and other compensation (from line 2 of Form 941)	0 00	12876 00	-12876 00	Use the amount in Column 1 when you prepare your Forms W-2 or Forms W-2c.
7. Income tax withheld from wages, tips, and other compensation (from line 3 of Form 941)	0 00	1518 00	-1518 00	Copy Column 3 here ▶ -1518 00
8. Taxable social security wages (from line 5a, Column 1 of Form 941 or Form 941-SS)	0 00	18000 00	-18000 00	× .124* = -2232 00
9. Taxable social security tips (from line 5b, Column 1 of Form 941 or Form 941-SS)				× .124* =
10. Taxable Medicare wages and tips (from line 5c, Column 1 of Form 941 or Form 941-SS)	0 00	18000 00	-18000 00	× .029* = -522 00
11. Tax adjustments (from lines 7a through 7c of Form 941 or Form 941-SS)				Copy Column 3 here ▶
12. Special addition to wages for federal income tax				See instructions
13. Special addition to wages for social security taxes				See instructions
14. Special addition to wages for Medicare taxes				See instructions
15. Combine the amounts on lines 7-14 of Column 4				-4272 00
16. Advance earned income credit (EIC) payments made to employees (from Form 941, line 9)				See instructions
17a. COBRA premium assistance payments (from line 12a of Form 941 or 941-SS)				See instructions
17b. Number of individuals provided COBRA premium assistance (from line 12b of Form 941 or 941-SS)				
18. Total. Combine the amounts in lines 15, 16, and 17a of Column 4				-4272 00

If line 18 is less than 0:

- If you checked line 1, this is the amount you want applied as a credit to your Form 941 or Form 941-SS for the tax period in which you are filing this form. (If you are currently filing a Form 944 or Form 944-SS, Employer's ANNUAL Federal Tax Return, see the instructions.)
- If you checked line 2, this is the amount you want refunded or abated.

If line 18 is more than 0, this is the amount you owe. Pay this amount when you file this return. For information on how to pay, see Amount You Owe in the instructions.

Next ▶

Name (not your trade name)

Employer identification number (EIN)

Correcting quarter 3 (1, 2, 3, 4)

H&M Analytical Services, Inc.

22-01

Correcting calendar year (YYYY)
2008

Part 4: Explain your corrections for this quarter.

19. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 21.

20. Check here if any corrections involve reclassified workers. Explain on line 21.

21. You must give us a detailed explanation of how you determined your corrections. See the instructions.

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Part 5: Sign here. You must complete all three pages of this form and sign it.

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Sign your name here

[Signature box]

Print your name here

W. F. H.

Print your title here

President

Date

08 / 20 / 2010

Best daytime phone

(609) 758 - 5700

Paid preparer's use only

Check if you are self-employed

Preparer's name

[Preparer's name box]

Preparer's SSN/PTIN

[Preparer's SSN/PTIN box]

Preparer's signature

[Preparer's signature box]

Date

/ /

Firm's name (or yours if self-employed)

[Firm's name box]

EIN

[EIN box]

Address

[Address box]

Phone

() -

City

[City box]

State

[State box]

ZIP code

[ZIP code box]

(EIN) Employer identification number -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Return You Are Correcting ...

Check the type of return you are correcting:

941

941-SS

Check the ONE quarter you are correcting:

1: January, February, March

2: April, May, June

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Enter the calendar year of the quarter you are correcting:

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Enter the date you discovered errors:

(MM / DD / YYYY)

Part 1: Select ONLY one process.

- 1. **Adjusted employment tax return.** Check this box if you underreported amounts. Also check this box if you overreported amounts and you would like to use the adjustment process to correct the errors. You must check this box if you are correcting both underreported and overreported amounts on this form. The amount shown on line 18, if less than 0, may only be applied as a credit to your Form 941, Form 941-SS, Form 944, or Form 944-SS for the tax period in which you are filing this form.
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Part 2: Complete the certifications.

- 3. I certify that I have filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.
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 - c. The adjustment is for federal income tax, social security tax, and Medicare tax that I did not withhold from employee wages.
- 5. If you checked line 2 because you are claiming a refund or abatement of overreported employment taxes, check all that apply. You must check at least one box. I certify that:
 - a. I repaid or reimbursed each affected employee for the overcollected social security and Medicare tax. For claims of employee social security and Medicare tax overcollected in prior years, I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
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Next

Part 3: Enter the corrections for this quarter. If any line does not apply, leave it blank.

	Column 1	Column 2	Column 3	Column 4
	<i>Total corrected amount (for ALL employees)</i>	<i>Amount originally reported or as previously corrected (for ALL employees)</i>	<i>Difference (if this amount is a negative number, use a minus sign.)</i>	<i>Tax correction</i>
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13. Special addition to wages for social security taxes				See instructions
14. Special addition to wages for Medicare taxes				See instructions
15. Combine the amounts on lines 7–14 of Column 4				-4272 00
16. Advance earned income credit (EIC) payments made to employees (from Form 941, line 9)				See instructions
17a. COBRA premium assistance payments (from line 12a of Form 941 or 941-SS)				See instructions
17b. Number of individuals provided COBRA premium assistance (from line 12b of Form 941 or 941-SS)				
18. Total. Combine the amounts in lines 15, 16, and 17a of Column 4				-4272 00

If line 18 is less than 0:

- If you checked line 1, this is the amount you want applied as a credit to your Form 941 or Form 941-SS for the tax period in which you are filing this form. (If you are currently filing a Form 944 or Form 944-SS, Employer's ANNUAL Federal Tax Return, see the instructions.)
- If you checked line 2, this is the amount you want refunded or abated.

If line 18 is more than 0, this is the amount you owe. Pay this amount when you file this return. For information on how to pay, see *Amount You Owe* in the instructions.

Name (not your trade name) H&M Analytical Services, Inc.	Employer identification number (EIN) 22-██████████	Correcting quarter 4 (1, 2, 3, 4) Correcting calendar year (YYYY) 2008
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Part 4: Explain your corrections for this quarter.

- 19. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 21.
- 20. Check here if any corrections involve reclassified workers. Explain on line 21.
- 21. You must give us a detailed explanation of how you determined your corrections. See the instructions.

Amounts entered as "Wages" were not "Wages" as defined in 26 USC. These compensations were PRIVATE-sector payments to hired workers. The hired unprivileged workers were not "Employees" as defined in 26 USC. H&M is a PRIVATE-sector company, incorporated in the union State of New Jersey and has no connection with federally-privileged activities. Therefore, it is not liable for payment of any Federal Income Tax, nor is it competent for H&M Analytical Services, Inc. to withhold from its workers any Social Security, Medicare, or Federal Withholding taxes. According to 26 USC and other relevant IRC and Tax Law, jurisdiction of the Federal government is limited to the ceded portions of the union States; US possessions which include the Commonwealth of Puerto Rico, American Samoa, Guam, the US Virgin Islands; and the District of Columbia. Anything beyond those federal territorial limits are outside the scope of Federal taxing authority.

Part 5: Sign here. You must complete all three pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, including accompanying schedules and statements, and to the best of my knowledge and belief, they are 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

Print your name here

W. F. H. ██████████

Print your title here

President

Date **08 / 20 / 2010**

Best daytime phone **(609) 758 - 5700**

Paid preparer's use only

Check if you are self-employed

Preparer's name	_____ _____ _____	Preparer's SSN/PTIN	_____ _____
Preparer's signature	_____ _____ _____	Date	____ / ____ / ____
Firm's name (or yours if self-employed)	_____ _____ _____	EIN	_____ _____
Address	_____ _____ _____	Phone	(____) ____ - ____
City	_____ _____	State	____
		ZIP code	____ _____