

Supporting Statement To Correct Information

Do Not File Separately

▶ File with Forms 941, 941-M, 941-SS, 943, 944, 944(SP), 944-SS, 945, or Form 943.

Name
T M D, Inc.

Employer identification number (EIN)
 [REDACTED]

Telephone number (optional)

A This form supports adjustments to Form: Check only one box. (see instructions)
 941 941-M 941-SS 943
 944 944(SP) 944-SS 945

B This form is attached to and filed with the return for the period ending (month, year) ▶ **03-2008**

C Enter the date that you discovered the error(s) reported on this form. (If you are making more than one correction and the errors were not discovered at the same time, explain in Part V.) ▶ **04/30/2008**

Part I Signature and Certification (You must complete this part for the IRS to process your adjustments for overpayments.) Skip Part I if all of your adjustments are underpayments. (Part I applies to wages only.)

certify that Forms W-2c, Corrected Wage and Tax Statement, have been filed (as necessary) with the Social Security Administration, and that (check appropriate boxes):

- All overcollected federal income taxes for the current calendar year and all social security and Medicare taxes for the current and prior calendar years have been repaid to employees. For claims of overcollected employee social security and Medicare taxes in earlier years, a written statement has been obtained from each employee stating that the employee has not claimed and will not claim refund or credit for the amount of the overcollection.
- All affected employees have given their written consent to the allowance of this credit or refund. For claims of overcollected employee social security and Medicare taxes in earlier years, a written statement has been obtained from each employee stating that the employee has not claimed and will not claim refund or credit for the amount of the overcollection.
- The social security tax and Medicare tax adjustments represent the employer's share only. An attempt was made to locate the employee(s) affected, but the affected employee(s) could not be located or will not comply with the certification requirements.
- None of this refund or credit was withheld from employee wages.

Sign Here
 Signature ▶ [Signature] Title ▶ **Secretary** Date ▶ **6-13-08**

Part II Federal Income Tax Withholding (Including Backup Withholding) Adjustment

(a) Period Corrected (For quarterly returns, enter date quarter ended. For annual returns, enter year.)	(b) Withheld Income Tax Previously Reported for Period	(c) Correct Withheld Income Tax for Period	(d) Withheld Income Tax Adjustment
1 03/31/2008	1800.00	0.00	(1800.00)
2			
3			
4			

5 **Net withheld income tax adjustment.** If more than one page, enter total of all columns (d) on first page only. Enter here and on the appropriate line of the return with which you file this form. ▶ **5 (1800.00)**

Part III Social Security Tax Adjustment (Use the tax rate in effect during the period(s) corrected. You must also complete Part IV.)

(a) Period Corrected (For quarterly returns, enter date quarter ended. For annual returns, enter year.)	(b) Wages Previously Reported for Period	(c) Correct Wages for Period	(d) Tips Previously Reported for Period	(e) Correct Tips for Period	(f) Social Security Tax Adjustment
1 03/31/2008	3000.00	0.00			(372.00)
2					
3					
4					

5 **Totals.** If more than one page, enter totals on first page only. ▶ **3000.00 0.00 (372.00)**

6 **Net social security tax adjustment.** If more than one page, enter total of all columns (f) on first page only. Enter here and on the appropriate line of the return with which you file this form. ▶ **6 (372.00)**

7 **Net wage adjustment.** If more than one page, enter total of all lines 7 on first page only. If line 5(c) is smaller than line 5(b), enter difference in parentheses. ▶ **7 (3000.00)**

8 **Net tip adjustment.** If more than one page, enter total of all lines 8 on first page only. If line 5(e) is smaller than line 5(d), enter difference in parentheses. ▶ **8**

Part IV Medicare Tax Adjustment

	(a) Period Corrected (For quarterly returns, enter date quarter ended. For annual returns, enter year.)	(b) Wages and Tips Previously Reported for Period	(c) Correct Wages and Tips for Period	(d) Medicare Tax Adjustment
1	03/31/2008	3000.00	0.00	(87.00)
2				
3				
4				
5	Totals. If more than one page, enter totals on first page only . . . ▶	3000.00	0.00	(87.00)
6	Net Medicare tax adjustment. If more than one page, enter total of all columns (d) on first page only. Enter here and on the appropriate line of the return with which you file this form . . . ▶		6	(87.00)
7	Net wage and tip adjustment. If more than one page, enter total of all lines 7 on first page only. If line 5(c) is smaller than line 5(b), enter difference in parentheses ▶		7	(3000.00)

Part V Explanation of Adjustments

Quarter ending 03/31/2008 overpayment

Error discovered 04/30/2008 after completing analysis of relevant Internal Revenue laws such that:

T. M. D., Inc., a private-sector entity organized under the laws of the state of Arkansas with no presence outside the state

of Arkansas is not a "trade or business" nor does it engage in any "trade or business" activity as defined by the Internal Revenue laws.

T. M. D., Inc. is not an "employer", does not have "employees" and does not pay "wages" as defined by Internal Revenue Law.

Net adjustment to Form 941 line 13 Overpayment = \$2259.00