

Form **941 for 2009: Employer's QUARTERLY Federal Tax Return**
 (Rev. April 2009) Department of the Treasury — Internal Revenue Service

950109

OMB No. 1545-0029

(EIN) Employer identification number **7 4 - 6 0 0 0 7 1 7**

Name (not your trade name) **HIDALGO COUNTY**

Trade name (if any) _____

Address **2810 SOUTH BUSINESS HWY. 281**
 Number Street Suite or room number

EDINBURG TX 78539-6243
 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: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	2950
2	Wages, tips, and other compensation	2	27,622,157 . 13
3	Income tax withheld from wages, tips, and other compensation	3	2,363,509 . 24
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.	
5	Taxable social security and Medicare wages and tips:		
	<i>Column 1</i>	<i>Column 2</i>	
5a	Taxable social security wages 29,431,123 . 33 × .124 =	3,649,459 . 29	
5b	Taxable social security tips _____ × .124 =	_____	
5c	Taxable Medicare wages & tips 29,768,858 . 24 × .029 =	863,296 . 89	
5d	Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	4,512,756 . 18	5d
6	Total taxes before adjustments (lines 3 + 5d = line 6)	6,876,265 . 42	6
7	CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment. See the instructions.		
7a	Current quarter's fractions of cents	-2 . 20	
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	-2 . 20	7d
8	Total taxes after adjustments. Combine lines 6 and 7d	6,876,263 . 22	8
9	Advance earned income credit (EIC) payments made to employees	0 . 00	9
10	Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	6,876,263 . 22	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	6,864,292 . 38	
12a	COBRA premium assistance payments (see instructions)	0 . 00	
12b	Number of individuals provided COBRA premium assistance reported on line 12a	0	
13	Add lines 11 and 12a	6,864,292 . 38	13
14	Balance due. If line 10 is more than line 13, write the difference here. For information on how to pay, see the instructions.	11,970 . 84	14
15	Overpayment. If line 13 is more than line 10, write the difference here	_____	

Apply to next return.
 Send a refund.
 Check one

▶ You **MUST** complete both pages of Form 941 and **SIGN** it. **Next** →

Name (not your trade name)

Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 [] [] Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.

17 Check one: [] Line 10 is less than \$2,500. Go to Part 3.

[] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month. Then go to Part 3.

Tax liability: Month 1 [] . Month 2 [] . Month 3 [] . Total liability for quarter [] . Total must equal line 10.

[] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

18 If your business has closed or you stopped paying wages [] Check here, and enter the final date you paid wages [] / [] / [] .

19 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . [] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[] Yes. Designee's name and phone number [] [] ([]) - []

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. [] [] [] [] []

[] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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.



Sign your name here

Norma G Garcia

Print your name here

NORMA G. GARCIA

Print your title here

COUNTY TREASURER

Date 1 / 22 / 2010

Best daytime phone (956) 318 - 2506

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 []

Schedule B (Form 941):

960309

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. February 2009)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer Identification number **7 4 - 6 0 0 0 7 1 7**

Name (not your trade name) **HIDALGO COUNTY**

Calendar year **2 0 0 9** (Also check quarter)

Report for this Quarter ...
(Check one.)

1: January, February, March

2: April, May, June

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Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 (or Form 941-SS), DO NOT change your tax liability by adjustments reported on any Forms 941-X. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Month 1

1		9		17		25	
2	938,768. 70	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	1,003,511. 85
7		15	44,324. 86	23		31	
8		16	934,896. 98	24			

Tax liability for Month 1: **2,919,502. 39**

Month 2

1		9		17		25	938,640. 22
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13	981,324. 67	21		29	
6		14		22		30	44,222. 92
7		15		23	3,962. 60	31	
8		16		24			

Tax liability for Month 2: **1,968,150. 41**

Month 3

1		9		17		25	
2		10		18		26	
3		11	950,099. 44	19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	42,046. 01
7		15	36,565. 51	23	959,899. 46	31	
8		16		24			

Tax liability for Month 3: **1,988,610. 42**

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter ▶

Total must equal (line 10 on Form 941 (or line 8 on Form 941-SS)).

Total liability for the quarter: 6,876,263. 22