

Employer identification number (EIN) 45-5385596

Name (not your trade name) Redemption Church of Plano, Texas

Trade name (if any)

Address 1113 Lombardy Dr
Number Street Suite or room number
Plano TX 75023
City State ZIP code
Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2025
(Check one.)

☒ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

REV 03/18/25 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

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), or Dec. 12 (Quarter 4) 1 1

2 Wages, tips, and other compensation 2 3,000.00

3 Federal income tax withheld from wages, tips, and other compensation 3

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check here and go to line 6.

5a Taxable social security wages . . . 3,000.00 × 0.124 = 372.00

5b Taxable social security tips . . . × 0.124 =

5c Taxable Medicare wages & tips . . . 3,000.00 × 0.029 = 87.00

5d Taxable wages & tips subject to Additional Medicare Tax withholding × 0.009 =

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d . . . 5e 459.00

5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . 5f

6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . 6 459.00

7 Current quarter's adjustment for fractions of cents . . . 7

8 Current quarter's adjustment for sick pay . . . 8

9 Current quarter's adjustments for tips and group-term life insurance . . . 9

10 Total taxes after adjustments. Combine lines 6 through 9 . . . 10 459.00

11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10 . . . 12 459.00

13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter 13

14 Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . 14 459.00

15 Overpayment. If line 13 is more than line 12, enter the difference ☐ Check one: ☐ Apply to next return. ☐ Send a refund.

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

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☒ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 Month 2 Month 3 Total liability for quarter

Total must equal line 12.

- ☐ 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. Go to Part 3.

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

- 17 If your business has closed or you stopped paying wages ☐ Check here and enter the final date you paid wages ; also attach a statement to your return. See instructions.

- 18 If you're a seasonal employer and you don't 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.

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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

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use OnlyCheck if you're self-employed . . . ☐

Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City

State

ZIP code

Instructions for Filing Form 941

Quarterly Federal Tax Return

File Form 941 quarterly to report wages paid to your employees and associated tax liabilities.

To file Form 941:

1. Review the account information on the completed form.
If you need to edit any account information, such as your business address, you can do so in the **Setup** section. When you have saved your changes, reprint your 941. To indicate a new address, complete the Federal Change of Address form. (Link easily to this form at the Help/Resources page or Help Index.)
2. On the main screen, click the Save button to confirm that this is the version of the form that you will file
You can view this form later by clicking "View Archived Forms" on the Quarterly Forms page.
3. Sign and date the form.
4. Mail the Form 941 to the **Department of the Treasury, Internal Revenue Service** at the address indicated below.

Mailing Addresses for Form 941

If you're in . . .	Without a payment . . .	With a payment . . .
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0005	Internal Revenue Service P.O. Box 806532 Cincinnati, OH 45280-6532
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100
No legal residence or principal place of business in any state	Internal Revenue Service P.O. Box 409101 Ogden, UT 84409	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100
Special filing address for exempt organizations; federal, state, and local governmental entities; and Indian tribal governmental entities, regardless of location	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100

Your form is due: **04/30/2025**