

Part 4 Semi-Weekly Deposit Schedule

A. First Month of Quarter (Days of the Month)

1 <input type="checkbox"/>	8 <input type="checkbox"/>	15 <input type="checkbox"/>	22 <input type="checkbox"/>	29 <input type="checkbox"/>
2 <input type="checkbox"/>	9 <input type="checkbox"/>	16 <input type="checkbox"/>	23 <input type="checkbox"/>	30 <input type="checkbox"/>
3 <input type="checkbox"/>	10 <input type="checkbox"/>	17 <input type="checkbox"/>	24 <input type="checkbox"/>	31 <input type="checkbox"/>
4 <input type="checkbox"/>	11 <input type="checkbox"/>	18 <input type="checkbox"/>	25 <input type="checkbox"/>	Check a box only if you had a next-banking day withholding obligation.
5 <input type="checkbox"/>	12 <input type="checkbox"/>	19 <input type="checkbox"/>	26 <input type="checkbox"/>	
6 <input type="checkbox"/>	13 <input type="checkbox"/>	20 <input type="checkbox"/>	27 <input type="checkbox"/>	
7 <input type="checkbox"/>	14 <input type="checkbox"/>	21 <input type="checkbox"/>	28 <input type="checkbox"/>	

Month 1 Liability: Enter total here and on Part 2, line B1..... \$ _____

B. Second Month of Quarter (Days of the Month)

1 <input type="checkbox"/>	8 <input type="checkbox"/>	15 <input type="checkbox"/>	22 <input type="checkbox"/>	29 <input type="checkbox"/>
2 <input type="checkbox"/>	9 <input type="checkbox"/>	16 <input type="checkbox"/>	23 <input type="checkbox"/>	30 <input type="checkbox"/>
3 <input type="checkbox"/>	10 <input type="checkbox"/>	17 <input type="checkbox"/>	24 <input type="checkbox"/>	31 <input type="checkbox"/>
4 <input type="checkbox"/>	11 <input type="checkbox"/>	18 <input type="checkbox"/>	25 <input type="checkbox"/>	Check a box only if you had a next-banking day withholding obligation.
5 <input type="checkbox"/>	12 <input type="checkbox"/>	19 <input type="checkbox"/>	26 <input type="checkbox"/>	
6 <input type="checkbox"/>	13 <input type="checkbox"/>	20 <input type="checkbox"/>	27 <input type="checkbox"/>	
7 <input type="checkbox"/>	14 <input type="checkbox"/>	21 <input type="checkbox"/>	28 <input type="checkbox"/>	

Month 2 Liability: Enter total here and on Part 2, line B2..... \$ _____

C. Third Month of Quarter (Days of the Month)

1 <input type="checkbox"/>	8 <input type="checkbox"/>	15 <input type="checkbox"/>	22 <input type="checkbox"/>	29 <input type="checkbox"/>
2 <input type="checkbox"/>	9 <input type="checkbox"/>	16 <input type="checkbox"/>	23 <input type="checkbox"/>	30 <input type="checkbox"/>
3 <input type="checkbox"/>	10 <input type="checkbox"/>	17 <input type="checkbox"/>	24 <input type="checkbox"/>	31 <input type="checkbox"/>
4 <input type="checkbox"/>	11 <input type="checkbox"/>	18 <input type="checkbox"/>	25 <input type="checkbox"/>	Check a box only if you had a next-banking day withholding obligation.
5 <input type="checkbox"/>	12 <input type="checkbox"/>	19 <input type="checkbox"/>	26 <input type="checkbox"/>	
6 <input type="checkbox"/>	13 <input type="checkbox"/>	20 <input type="checkbox"/>	27 <input type="checkbox"/>	
7 <input type="checkbox"/>	14 <input type="checkbox"/>	21 <input type="checkbox"/>	28 <input type="checkbox"/>	

Month 3 Liability: Enter total here and on Part 2, line B3..... \$ _____

Part 5 Amended Form A1-QRT Return Information

If you checked the box "Amended Return" in Part 1, explain why an amended Form A1-QRT is being filed (include additional sheets, if necessary):

Part 6 Final Form A1-QRT

If you checked the box "Final Return" in Part 1, check the box that indicates why this is a final return:

- 1 Reorganization or change in business entity (example: from corporation to partnership).
- 2 Business sold.
- 3 Business stopped paying wages and will not have any employees in the future.
- 4 Business permanently closed.
- 5 Business has only leased or temporary agency employees.
- 6 Other (specify reason): _____
- 7 Check this box if records will be kept at a location different from the address shown in Part 1.
 Name: _____
 Number and Street: _____
 City: _____ State: _____ ZIP Code: _____
- 8 Check this box if there is a successor employer.
 Name: _____ EIN: _____
 Number and Street: _____
 City: _____ State: _____ ZIP Code: _____