

(EIN) Employer identification number	72-1075648		
Name (not your trade name)	DAMMON ENGINEERING, INC.		
Trade name (if any)	Dammon Engineering, Inc.		
Address	554 OLD SPANISH TRAIL		
	SLIDELL	LA	70458-2923

Report for this Quarter of 2012 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

QBMT2901 02/29/12

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	_____	6
2 Wages, tips, and other compensation	2	_____	58,464.09
3 Income tax withheld from wages, tips, and other compensation	3	_____	4,451.55
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.	
		<i>Column 1</i>	<i>Column 2</i>
5 a Taxable social security wages		56,012.36	x .104 = 5,825.29
5 b Taxable social security tips		_____	x .104 = _____
5 c Taxable Medicare wages & tips		56,012.36	x .029 = 1,624.36
5 d Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c	5 d	_____	7,449.65
5 e Section 3121(q) Notice and Demand – Tax due on unreported tips (see instructions)	5 e	_____	
6 Total taxes before adjustments (add lines 3, 5d, and 5e)	6	_____	11,901.20
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	_____	11,901.20
11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X	11	_____	11,901.20
12a COBRA premium assistance payments (see instructions)	12a	_____	
12b Number of individuals provided COBRA premium assistance		_____	
13 Add lines 11 and 12a	13	_____	11,901.20
14 Balance due. If line 10 is more than line 13, enter difference and see instructions	14	_____	
15 Overpayment. If line 13 is more than line 10, enter difference		_____	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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

Next ▶

Name (not your trade name)

DAMMON ENGINEERING, INC.

Employer identification number (EIN)

72-1075648

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 Check one: [] Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter.

[X] 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 3,601.41
Month 2 4,838.14
Month 3 3,461.65

Total liability for quarter 11,901.20 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.

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

18 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 instructions for details.

[] Yes. Designee's name and phone number _____

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

[X] 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

Print your name here Emmett G. Dammon

Print your title here President

Date 01/31/2013

Best daytime phone (985) 649-5832

Paid Preparer's Use Only

Check if you are 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 _____