

Schedule B - **AMENDED** Report

BUSINESS NAME: _____

Business Identification Number: _____ - ____

QTR/YR Changed: ____/____

First Month

Correct Amount		Correct Amount		Correct Amount		Correct Amount		Correct Amount	
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			
5		12		19		26			
6		13		20		27			
7		14		21		28			

Total tax liability for the first month of the quarter:

Second Month

Correct Amount		Correct Amount		Correct Amount		Correct Amount		Correct Amount	
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			
5		12		19		26			
6		13		20		27			
7		14		21		28			

Total tax liability for the second month of the quarter:

Third Month

Correct Amount		Correct Amount		Correct Amount		Correct Amount		Correct Amount	
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			
5		12		19		26			
6		13		20		27			
7		14		21		28			

Total tax liability for the third month of the quarter: