

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

- 1:** January, February, March
- 2:** April, May, June
- 3:** July, August, September
- 4:** October, November, December

Employer identification number 93-4243160

Name (not your trade name) CREATIVE DESIGN, INC.

Trade name (if any) CREATIVE MARKETING CO.

Address 1001 EXECUTIVE CENTER
SUITE 301
RENO, NV 89502



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**

2 Wages, tips, and other compensation **2**

3 Total 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 and go to line 6.

5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2
5a Taxable social security wages	<input type="text" value="5,971.63"/>	x .124 =	<input type="text" value="740.48"/>
5b Taxable social security tips	<input type="text"/>	x .124 =	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text" value="5,971.63"/>	x .029 =	<input type="text" value="173.18"/>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d).....			<input type="text" value="913.66"/>

6 Total taxes before adjustments (lines 3 + 5d = line 6) **6**

7 TAX ADJUSTMENTS (Read instructions for line 7 before completing lines 7a through 7h.):

7a Current quarter's fractions of cents

7b Current quarter's sick pay.

7c Current quarter's adjustments for tips and group-term life insurance

7d Current year's income tax withholding (attach Form 941c)

7e Prior quarters' social security and Medicare taxes (attach Form 941c)

7f Special additions to federal income tax (attach Form 941c).....

7g Special additions to social security and Medicare (attach Form 941c)

7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) **7h**

8 Total taxes after adjustments (Combine lines 6 and 7h.) **8**

9 Advance earned income credit (EIC) payments made to employees..... **9**

10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)..... **10**

11 Total deposits for this quarter, including overpayment applied from a prior quarter..... **11**

12 Balance due (If line 10 is more than line 11, write the difference here.) **12**

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13 Overpayment (If line 11 is more than line 10, enter the difference here.) Check one Apply to next return.
 Send a refund.

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher. CAA Form **941** (Rev. 1-2006)

Name (not your trade name) CREATIVE DESIGN, INC.	Employer identification number (EIN) 93-4243160
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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.

14 Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.

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

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

Tax liability:	Month 1	<input type="text"/>
	Month 2	<input type="text"/>
	Month 3	<input type="text"/>
	Total liability for quarter	<input type="text"/> Total must equal line 10.

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

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

16 If your business has closed or you stopped paying wages. Check here, and

enter the final date you paid wages

17 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

No. Phone Personal Identification Number (PIN)

Part 5: Sign here. You MUST fill out both sides of this form 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.

▶ Sign your name here

Print name and title

Date Phone

Part 6: For PAID preparers only (optional)

Paid Preparer's Signature

Firm's name

Address EIN

ZIP code

Date Phone SSN/PTIN

Check if you are self-employed.

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

Calendar Year 2006

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

970306

Report for this Quarter

- 1:** January, February, March
- 2:** April, May, June
- 3:** July, August, September
- 4:** October, November, December

Employer identification number 93-4243160

Name (not your trade name) CREATIVE DESIGN, INC.

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. You must fill out this form & 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. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid.

Month 1

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

Tax liability for Month 1

Month 2

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

Tax liability for Month 2

Month 3

1		9	1,515.76	17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3
1,515.76

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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
1,515.76

Form **941 for 2006: Employer's QUARTERLY Federal Tax Return** 1262
(Rev. January 2006) Department of the Treasury -- Internal Revenue Service

970106

OMB No. 1545-0029

Employer identification number 93-4243160

Name (not your trade name) CREATIVE DESIGN, INC.

Trade name (if any) CREATIVE MARKETING CO.

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SUITE 301
RENO, NV 89502

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Form 941 (Rev. 1-2006) Page 2

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Tax liability: Month 1

 Month 2

 Month 3

 Total liability for quarter Total must equal line 10.

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Yes. Designee's name

 Phone Personal Identification Number (PIN)

No.

Part 5: Sign here. You MUST fill out both sides of this form 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.

Sign your name here

Print name and title

Date Phone

Part 6: For PAID preparers only (optional)

Paid Preparer's Signature

Firm's name

Address EIN

 ZIP code

Date Phone SSN/PTIN

Check if you are self-employed.

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

Calendar Year 2006 Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

970306

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5		13		21		29	
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7		15		23		31	
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Tax liability for Month 1

Month 2

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5		13		21		29	
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7		15		23		31	
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Tax liability for Month 2

Month 3

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4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3
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Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).

Total liability for the quarter
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