

Name (not your trade name)
MENTORING MOMS INC

Employer identification number (EIN)
03-0574580

Part 2: Tell us about your tax liability for 2008.

13 Check one: Line 9 is less than \$2,500. Go to Part 3.
 Line 9 is \$2,500 or more. Enter your tax liability for each month. If you are a semiweekly depositor or you accumulate \$100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below.

13a	Jan.	13d	Apr.	13g	Jul.	13j	Oct.	
13b	Feb.	13e	May	13h	Aug.	13k	Nov.	
13c	Mar.	13f	Jun.	13i	Sep.	13l	Dec.	
							13m	Total liability for year. Add lines 13a through 13l. Total must equal line 9.

14 If you made deposits of taxes reported on this form, enter the state abbreviation for the state where you made your deposits OR enter MU if you made your deposits in multiple states.

Part 3: Tell us about your business. If question 15 does NOT apply to your business, leave it blank.

15 If your business has closed or you stopped paying wages. . .

Check here and enter the final date you paid wages.

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

No. Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

Part 5: Sign here. You MUST complete both pages of Form 944 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
 Date Print your title here
 Best daytime phone

Paid preparer's use only

Check if you are self-employed

Preparer's name	<input type="text" value="JULIE H WOOD"/>	Preparer's SSN/PTIN	<input type="text" value="P00171370"/>
Preparer's signature	<input type="text" value="Julie H. Wood, CPA"/>	Date	<input type="text" value="1/24/09"/>
Firm's name (or yours if self-employed)	<input type="text" value="WITMER WOOD TAX CONSULTANTS LLC"/>	EIN	<input type="text" value="26-0599380"/>
Address	<input type="text" value="6506 CONSTITUTION DRIVE"/>	Phone	<input type="text" value="(260) 459-1131"/>
City	<input type="text" value="FORT WAYNE"/> State <input type="text" value="IN"/>	ZIP code	<input type="text" value="46804-1550"/>