# Arizona Form

Arizona Quarterly Withholding Tax Return

# DO NOT file more than one original A1-QRT per EIN per quarter.

Part 1 Ta	xpayer Information		
Name		Employer Identification	Number (EIN)
<u>Yavapai Bi</u>	g Brothers/Big Sisters Inc	86-0278776	
Number and stre	eet or PO Box	QUARTER AND YEAR	
	ide Village Drive	1 2019	
City or town, stat	te and ZIP Code		(1, 2, 3 or 4) and
Prescott	AZ 86301		ear. See instructions.
Business telepho	one number (with area code)	REVENUE USE ONLY. DO	NOT MARK IN THIS AREA.
(928)778-5	135		09 1
Check box if:			
	Return <b>B</b> Address Change <b>C</b> Final Return (CANCEL ACCOUNT)		
•	al return, the department will cancel your withholding account. Enter the date final		
wages were paid	and complete Part 6	E PM	66 RCVD
D Check this	box if this form is being filed by the surviving employer and the periods covered	1 <u>81</u> · ···	66 1010
	rn are for less than three (3) months. Also enter the following:		
	or Employer Name		
	or Employer EIN	_	
E Total Arizona p	payroll for this quarter	\$_	213355 99
F Total number of	of employees paid Arizona wages for this quarter		30
Та	x Liability Schedule Include all withholding amounts from all sources (i.e	. wages & salary, pens	ions & annuities,
	mbling winnings, etc.). See instructions.	0 771	
A. Quarterly	Deposit Schedule: Complete if prior 4 quarter average was not more t	han \$1,500.	
A1 Tax Liability.	Enter the total amount withheld during the quarter. Also enter this amount on Part 3	, line 1 A1	
-			
	Complete Section A above <b>OR</b> Section B below; <b>DO NOT</b>	COMPLETE BO	IH.
B. Monthly or	Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarte	r average was greate	r than \$1,500.
Semi-weekly de	positors and taxpayers with a next-day tax deposit obligation during the quarter, CHI	ECK THIS BOX and com	olete Part 4.
For lines B1 thro	ough B3, enter the total amount withheld for each month in the quarter.		
B1 Month 1 Liab	ility	B1	1570 37
B2 Month 2 Liab	ility	B2	1754 93
B3 Month 3 Liab	ility	B3	2260 67
B4 Total. Enter	this amount on Part 3, line 1	B4	5585 97
Part 3 Ta	x Computation (See instructions.)		
1 Liability: Ent	er the amount from line A1 or line B4		5585 97
•	ade during this quarter.		5585 97
•	<b>It Due:</b> Subtract line 2 from line 1. Enter the difference. Use a minus sign to indica		
negative amo			0 00
-	Under penalties of perjury, I declare that I have examined this return and to the bes	t of my knowledge and be	elief it is a true complete
Declaration	and correct return.	st of my knowledge and be	
Please			
Sign		(928) 778-560 BUSINESS TELEPHONE	
Here	TAXPAYER'S SIGNATURE DATE	BUSINESS TELEPHONE	
		P0176	0964
Paid	PAID PREPARER'S SIGNATURE DATE		EPARER'S PTIN
Preparer's	Amiee Benson	46-44	121327
Use	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	FIRM'S	EIN
	3122 N State Route 89		778-5600
Only	FIRM'S STREET ADDRESS	FIRM'S	TELEPHONE NUMBER
	Prescott AZ	86301	
	CITY STAT	E ZIP COL	
	check payable to: Arizona Department of Revenue. Inclue eturn and payment to: Arizona Department of Revenue, PO B		

	Name (as shown on page 1)EINYavapai Big Brothers/Big Sisters Inc86-0						EIN 86-02787	76						
Part	Part 4 Semi-Weekly/Next Day Deposit Schedule													
A. I	First Month of Qua	arte	r (D	Days of the Month)										
1			8			15				22			29	
2	]		9			16				23			30	
3	]		10			17		66	45	24			31	
4	737	00	11			18		740	24	25			С	heck a box only if you
5	]		12			19				26			<b>b</b>	ad a navt hanking dav
6			13			20				27			n	ad a next-banking day
7	]		14			21		26	68	28			d	eposit obligation.

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

B. Second Mon	th of Quarter (Days of the	e Month)			
1	758 54 <b>8</b> 🗆	15 🗆	793 89 <b>22</b> 🗆		29 🗆
2	9	16 🗆	23		30 🗆
3 🗆	10 🗆	17 🗆	24		31
4	11	18 🗆	25		Check a box only if you
5 🗆	12 🗆	19 🗆	26		had a next-banking day
6 🗆	13 🗆	20	27 🗆		
7	14	21	28	202 50	deposit obligation.
Month 2 Liability:	\$ 1754 93				

1     734     49     8     15     742     40     22	<b>29</b> 783 78
	30 🗆
3 🗆 10 🗆 17 🗆 24 🗆	31 🗆
4 🗆 11 🗆 18 🗆 25 🗆	Check a box only if you
5 🗆 12 🗆 19 🗆 26 🗆	had a next-banking day
6 🗆 13 🗆 20 🗆 27 🗆	0,00
7 🗆 14 🗆 21 🗆 28 🗆	deposit obligation.

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 D Business sold.

3		Business	stopped	paying	wages a	and will	not have	any e	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.		
8	Check this box if there is a successor employer. Name:		EIN:
8 🗆			
8 🗌	Name:		

\$

1570 37



Yavapai Big Brothers/Big Sisters Inc Yavapai Big Brothers/Big Sisters, Inc 3208 Lakeside Village Drive

Prescott

PLEASE RETURN ORIGINAL

AZ 86301

### UNEMPLOYMENT TAX AND WAGE REPORT

#### A. NUMBER OF EMPLOYEES -

Report for each month the number of full- and parttime covered workers who worked during or received pay subject to UI Taxes for the payroll period which includes the 12th of the month.

JANUARY	26
FEBRUARY	26
MARCH	25

**B. WAGES** – List all employees in Social Security Number order, or alphabetically by last name. For additional employees, use white paper in the same format, or form UC-020. Filing via the internet at <u>www.azuitax.com</u> is preferred for reporting up to 999 employees. Compact disc is preferred for reporting 1,000 or more employees—see the Arizona Magnetic Media Reporting publication (PAU-430) at the above website for instructions.

ARIZONA ACCOUNT NUMBER:	2369710 9
CALENDAR QUARTER ENDING:	03/31/19
TO AVOID PENALTY MAIL BY:	04/30/19
FEDERAL ID NO.:	86-0278776
MAKE SURE FEDERAL ID NO. IS CORRECT!	

For Online Filing: www.azuitax.com

# **USE BLACK INK ONLY**

#### C. WAGE SUMMARY - See reverse for instructions

-		
1.	TOTAL WAGES PAID IN QUARTER	214069.51
	From Section B. Wage Listing	
2.	SUBTRACT EXCESS WAGES	66906.59
	Cannot exceed Line 1 – see instructions	
3.	TAXABLE WAGES PAID	147162.92
	Up to \$7,000 per Employee – Line 1 minus Line 2	
4.	TAX DUE	2089.71
	Line 3 X Tax Rate of 1.4200	
	the decimal equivalent = $0.0142$	
5.	ADD INTEREST DUE	
	1% of Tax Due for each month payment is late	
6.	ADD PENALTY FOR LATE REPORT	
	0.10% of Line 1 (\$35 min / \$200 max)	
7.	ADD SURCHARGE DUE	
	Applicable percentage of Line 3 – see instructions	
8.	TOTAL PAYMENT DUE	2089.71
	For amounts equaling \$9.99 or less - see instructions	
9.	SUBTRACT ANY CREDIT BALANCE	
	If balance is listed, subtract from Line 8	
10.	AMOUNT PAID	2089.71
	Make check payable to DES Unemployment Tax	

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

1. Employee's Social Security Number	2. Employee	's Name <i>(Last, First)</i>	3. Total Wages Paid in Quarter		
600-88-8310	Andriotto, Marque	el	1383.71		
563-57-1618	Barnes, Lance		9862.63		
327-46-0252	Beals, Stephen		5322.36		
540-92-9494	Bowlsby, Gigi		12245.23		
275-42-1548	Case, Marshall		2722.90		
048-30-5839	Chapman, Joyce		2972.68		
		TOTAL WAGES THIS PAGE	34509.51		
Signature:		TOTAL WAGES ALL PAGES	214069.51		
Title: Reporting Agent		Prepared by: Amiee Ber	ison		
Date:		Telephone: 928778560	00		

# **UI TAX WAGE LISTING CONTINUATION**

ARIZONA DEPARTMENT OF ECONOMIC SECURITY P.O. BOX 52027 • MD 5881 • PHOENIX, ARIZONA 85072-2027 TELEPHONE: (602) 771-6601

**ARIZONA ACCOUNT NUMBER** <u>2369710</u> 9

CALENDAR QUARTER ENDING 03/31/19

Page \_\_\_\_\_ of \_\_\_\_\_

## LIST EMPLOYEES IN NUMERICAL ORDER BY SOCIAL SECURITY NUMBER OR ALPHABETICALLY BY LAST NAME.

1. EMPLOYEE SOCIAL SECURITY NUMBER	2. EMPLOYEE NAME (Last, First)	3. TOTAL WAGES PAID (This Quarter)
526-94-0097	Clayton, Philip	1144.50
283-48-7556	Cordes, Tusanne	3125.40
313-94-4397	Ellis, Morgan	1340.57
765-56-2032	Garcia, Juan	15784.21
526-96-9624	Gray, Cheryl	6949.52
526-90-1500	Gray, David	2819.51
451-15-7278	Hamerly, Nancy	9618.10
263-53-8693	Henderson-Dahms, Carol	11733.12
315-72-2215	Hittle, Arlene	9235.16
549-49-8686	Johnson, Patricia	2452.40
365-13-2012	LaPointe, Raven	9706.82
217-86-8818	Layton, Robin	13813.40
601-70-9012	Mabery, Erin	20162.38
527-33-1958	Main, Cheryl	11318.76
602-04-4419	Massie, Georgia	3042.36
049-66-7359	McTurk, John	12422.50
526-94-4768	Medlyn, Paul	4210.69
514-82-2693	Miles, Starla	2721.13
603-38-3436	Pena, Jessica	10208.97
601-95-1115	Ray, Kameron	925.52
573-31-1810	Reeves, Terri	1612.64
527-33-8385	Ryder, Marian	7960.20
595-26-7961	Suarez, Giselle	10835.11
600-23-5196	Swanson, Jill	6417.03

TOTAL WAGES THIS PAGE

179560.00

REV 03/26/19 QBDT

orm <b>g</b> Rev. Jan	<b>V41 for 2019: Employ</b> Department of Department of Departm	rer's QUARTERLY f the Treasury – Internal Revenu		al Tax R	eturn	<b>95011</b> OMB No. 1545-002
Employ	er identification number (EIN) 86-0278	3776			Repor (Check	t for this Quarter of 2019 one.)
Name	(not your trade name) Yavapai Bi	g Brothers/Big	Siste	rs I		anuary, February, March
Trade	name (if any) Yavapai Big B	Brothers/Big Si	sters,	Inc		oril, May, June
Addres	s 3208 Lakeside Vill	age Drive				ıly, August, September ctober, November, December
Addres	Number Street		Suite or roo	m number	Go to wi	ww.irs.gov/Form941 for
	Prescott	AZ	86301		instructio	ons and the latest information.
	City	State	ZIP c	ode		REV 03/26/19 QBDT
	Foreign country name	Foreign province/county	Foreign po	ostal code		
ead th	e separate instructions before you co	nplete Form 941. Type or p	print within t	he boxes.		
Part 1:		•				
	Number of employees who received including: <i>Mar. 12</i> (Quarter 1), <i>June 1</i> .					25
				(444)		010 400 0
2	Wages, tips, and other compensation	m			2	213,402.30
3	Federal income tax withheld from w	ages, tips, and other com	pensation		3	16,209.00
4	If no wages, tips, and other comper	sation are subject to soci	al security	or Medicare	tax	Check and go to line 6.
		Column 1	-	Colum	n 2	-
5a <sup>-</sup>	Taxable social security wages	214,271.61	× 0.124 =	26,5	69.68	
5b <sup>-</sup>	Taxable social security tips		× 0.124 =			
5c <sup>·</sup>	Taxable Medicare wages & tips	214,271.61	× 0.029 =	б,2	13.88	
	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =			
			× 0.000 – [		 	
5e /	Add Column 2 from lines 5a, 5b, 5c,	and 5d			5e	32,783.5
5f \$	Section 3121(q) Notice and Demand	-Tax due on unreported	tips (see in	structions)	5f	
6 .	Total taxes before adjustments. Add	l lines 3. 5e. and 5f .			6	48,992.56
	-				_ [	-0.06
7 (	Current quarter's adjustment for fra	ctions of cents			7	-0.00
8	Current quarter's adjustment for sid	крау			8	
9 (	Current quarter's adjustments for tip	s and group-term life insu	irance .		9	
10 <sup>.</sup>	Total taxes after adjustments. Com	oine lines 6 through 9 .			10	48,992.50
11 (	Qualified small business payroll tax c	edit for increasing researc	h activities.	. Attach Form 8	8974 <b>11</b>	
12	Total taxes after adjustments and c	redits. Subtract line 11 fror	n line 10 .		12	48,992.50
	Total deposits for this quarter, inc				and –	
	overpayments applied from Form 941-X	• • • • • •		• •		48,992.50
14	Balance due. If line 12 is more than li	ne 13, enter the difference a	and see inst	ructions .	14	
15 (	Overpayment. If line 13 is more than lin	e 12, enter the difference		Ch	neck one:	Apply to next return.
► Yo	Overpayment. If line 13 is more than lin u MUST complete both pages of Fo acy Act and Paperwork Reduction Ac	rm 941 and SIGN it.	e Payment			Apply to next return. Send a r

							170571	
Name (not your trade nam	e) Brothers/Biq Sia	sters Inc			Employer ide	ntification number (EIN)		
Part 2: Tell us about your deposit schedule and tax liability for this quarter.								
	bout whether you are a mont				kly schedule d	epositor, see section	11	
of Pub. 15.								
16 Check one:	Line 12 on this return is les incur a \$100,000 next-day d line 12 on this return is \$100 depositor, complete the depo Part 3.	eposit obligation du 0,000 or more, you m	ring the cu nust provid	e a record c	er. If line 12 for the of your federal tax	e prior quarter was less the liability. If you are a mon	an \$2,500 but hthly schedule	
[	You were a monthly sch liability for the quarter, the	•	or the er	ntire quarte	<b>er.</b> Enter your ta	ax liability for each mor	nth and total	
	Tax liability: Month 1							
	Month 2							
	Month 3							
	Total liability for quarter			Тс	otal must equal	line 12.		
	X You were a semiweekly Report of Tax Liability for						rm 941),	
Part 3: Tell us at	oout your business. If a que	stion does NOT a	apply to y	your busin	ness, leave it b	lank.		
17 If your busine	ess has closed or you stopped	d paying wages .				Check he	ere, and	
enter the final	date you paid wages							
18 If you are a se	easonal employer and you do	n't have to file a r	eturn for	every qua	rter of the year	🗌 Check he	ere.	
Part 4: May we s	peak with your third-party	designee?						
<b>Do you want to</b> for details.	o allow an employee, a paid tax	c preparer, or anot	ner perso	n to discus	s this return wit	h the IRS? See the instru	uctions	
X Yes. Desig	gnee's name and phone numbe	er Amiee	Benso	n		(928)778-	5600	
Selea	ct a 5-digit Personal Identificati	on Number (PIN) to	o use whe	en talking to	o the IRS.	32112		
	e. You MUST complete both	pages of Form 9	941 and \$	SIGN it.		RE	V 03/26/19 QBDT	
Under penalties of per	ury, I declare that I have examined rrect, and complete. Declaration of	this return, including	accompan	iying schedu		s, and to the best of my kr	nowledge	
					Print your name here A	miee Benson		
Sign y name	e here EF ONLY-You do not	need to sign this	form		Print your title here			
•								
	Date			I	Best daytime ph	one (928)778-	5600	
Paid Preparer	Use Only				Check if you a	re self-employed		
Preparer's name	Amiee Benson				PTIN	P01760964		
Preparer's signature					Date			
Firm's name (or yours if self-employed)	Edge Tax & Accou	unting, LL	С		EIN	46-4421327		
Address	3122 N State Rou	ute 89			Phone	(928)778-56	00	
City	Prescott		State	AZ	ZIP code	86301		

# Schedule B (Form 941):

# **Report of Tax Liability for Semiweekly Schedule Depositors**

(Rev. January 2017) Department of the Treasury – Internal Revenue Service

Employer identification number (EIN)		86-0278776					
Name (not your trade name)	Ya	avapai Big	Sisters				
Calendar year	2019			(Also check quarter)			

 Report for this Quarter...

 (Check one.)

 I: January, February, March

 2: April, May, June

 3: July, August, September

 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Mont	n 1							
1		9		17	619.94	25		Tax liability for Month 1
2		10		18	6,276.68	26		13,965.80
3		11		19		27		
4	6,823.98	12		20		28		
5		13		21	245.20	29		
6		14		22		30		
7		15		23		31		
8		16		24				
Mont	h 2							
1	6,478.22	9		17		25		Tax liability for Month 2
2		10		18		26		15,950.88
3		11		19		27		
4		12		20		28	2,627.50	
5		13		21		29		
6		14		22		30		
7		15	6,845.16	23		31		
8		16		24				
Mont	h 3							
1	6,387.10	9		17		25		Tax liability for Month 3
2		10		18		26		19,075.82
3		11		19		27		
4		12		20		28		
5		13		21		29	6,472.64	
6		14		22		30		
7		15	6,216.08	23		31		
8		16		24				
								Total liability for the quarter
REV	03/26/19 QBDT		Fill in your to		ability for the quarter (Mor otal must equal line 12 o			48,992.50
or l	Paperwork Reduction	Act	Notice, see separate ir					Schedule B (Form 941) (Rev. 1-2017

OMB No. 1545-0029

# Arizona Form

Arizona Quarterly Withholding Tax Return

# DO NOT file more than one original A1-QRT per EIN per quarter.

Part 1 Ta	xpayer Information		
Name		Employer Identification	Number (EIN)
<u>Yavapai Bi</u>	g Brothers/Big Sisters Inc	86-0278776	
Number and stre	et or PO Box	QUARTER AND YEAR	
	ide Village Drive	2 2019	
City or town, stat	e and ZIP Code		r (1, 2, 3 or 4) and
Prescott	AZ 86301		year. See instructions.
Business telepho	one number (with area code)	REVENUE USE ONLY. DO	D NOT MARK IN THIS AREA.
(928)778-5	135		05 1
Check box if:			
	Return <b>B</b> Address Change <b>C</b> Final Return (CANCEL ACCOUNT)		
-	I return, the department will cancel your withholding account. Enter the date final		
wages were paid	l and complete Part 6	E PM	66 RCVD
D Check this	box if this form is being filed by the surviving employer and the periods covered	1 <b>81</b> ' "	66 100
by this retu	rn are for less than three (3) months. Also enter the following:		
	or Employer Name		
Predecesso	or Employer EIN	_	
E Total Arizona p	payroll for this quarter	\$_	164252 01
F Total number of	of employees paid Arizona wages for this quarter		29
Та	x Liability Schedule Include all withholding amounts from all sources (i.e	. wages & salary, pens	sions & annuities.
	mbling winnings, etc.). See instructions.	5	· · · · · · · · · · · · ,
A. Quarterly	Deposit Schedule: Complete if prior 4 quarter average was not more t	han \$1,500.	
A1 Tax Liability.	Enter the total amount withheld during the quarter. Also enter this amount on Part 3	. line 1 A1	
	Complete Section A above <b>OR</b> Section B below; <b>DO NOT</b>	COMPLETE BO	TH.
B. Monthly or	Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarter	r average was greate	r than \$1,500.
Semi-weekly der	positors and taxpayers with a next-day tax deposit obligation during the quarter, CHI	ECK THIS BOX and com	plete Part 4. 🔽
	bugh B3, enter the total amount withheld for each month in the quarter.		
	ility		1621 66
	; ility		1440 37
	; ility		1340 38
	this amount on Part 3, line 1		4402 41
Part 3 Ta	x Computation (See instructions.)		
	er the amount from line A1 or line B4	4	4402 41
•			4402 41
•	ade during this quarter <b>It Due:</b> Subtract line 2 from line 1. Enter the difference. Use a minus sign to indica	<b>-</b> -	4402 41
	bunt.	a	0 00
negative and			
Declaration	Under penalties of perjury, I declare that I have examined this return and to the bes and correct return.	t of my knowledge and b	elief, it is a true, complete
Please			
Sign		(928) 778-560	00
Here	TAXPAYER'S SIGNATURE DATE	BUSINESS TELEPHON	E NUMBER
Paid	PAID PREPARER'S SIGNATURE DATE		REPARER'S PTIN 421327
Preparer's	Amiee Benson FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	<u>46-4</u> FIRM'S	
Use			
Only	3122 N State Route 89 FIRM'S STREET ADDRESS		) 778-5600 TELEPHONE NUMBER
	Prescott AZ	86303	
	CITY STAT		
<b>N N N</b>			
	check payable to: Arizona Department of Revenue. Inclu turn and payment to: Arizona Department of Revenue, PO B		

Name (as shown on page Yavapai Big		ers/Big	g Sisters	Ind	с		EIN 86-02787	76	
Part 4 Semi	-Weekly/	Next Day	Deposit Sch	edu	ıle				
A. First Month o	of Quarte	r (Days o	f the Month)						
1		8 🗆			15	22			29 🗆
2		9 🗆			16	23			30 🗆
3 🗆		10 🗆			17	24			31 🗆
4		11 🗆			18	25			Check a box only if you
5 🗆		12 🗆	842	35	19	26	□ 779	31	had a next-banking day
6 🗆		13 🗆			20	27			
7		14 🗆			21	28			deposit obligation.
Month 1 Liability:	Enter total	here and o	on Part 2. line B	1					\$ 1621 66

B. Second Month of	Quarter (Days o	of the Month)			
1	8	15 🗆	22 🗆		29 🗆
2 🗆	9 🗆	16 🗆	23 🗆		30 🗆
3 🗆	10 🗆	756 41 <b>17</b> 🗖	24 🗆 683	96	31 🗆
4	11 🗆	18 🗆	25 🗆		Check a box only if you
5 🗆	12 🗆	19 🗆	26		had a next-banking day
6 🗆	13 🗆	20	27		
7 🗆	14 🗆	21	28 🗆		deposit obligation.
Month 2 Liability: Enter	\$ 1440 37				

C. Third Month of Q	uarter (Days of the N	lonth)		
1	8	15 🗆	22 🗆	29 🗆
2	9 🗆	16	23 🗆	30 🗆
<b>3</b> 🗆 19	48 <b>10</b>	17	24	31 🗆
4		18 🗆	25 🗆	Check a box only if you
5 🗆	12 🗆	19	26 🗆	had a next-banking day
6 🗆	13 🗆	20	27 🗆	
<b>7 6</b> 07	12 14 🗆	21	713 78 28 🗆	deposit obligation.
Month 3 Liability: Ente	er total here and on Part 2	, line B3		\$ 1340 38

#### 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:
<ul> <li>Check this box if there is a successor employer.</li> <li>Name:</li> <li>Number and Street:</li> </ul>		EIN:



Yavapai Big Brothers/Big Sisters Inc Yavapai Big Brothers/Big Sisters, Inc 3208 Lakeside Village Drive

Prescott

PLEASE RETURN ORIGINAL

AZ 86301

#### UNEMPLOYMENT TAX AND WAGE REPORT

#### A. NUMBER OF EMPLOYEES -

Report for each month the number of full- and parttime covered workers who worked during or received pay subject to UI Taxes for the payroll period which includes the 12th of the month.

APRIL	27
MAY	22
JUNE	21

**B. WAGES** – List all employees in Social Security Number order, or alphabetically by last name. For additional employees, use white paper in the same format, or form UC-020. Filing via the internet at <u>www.azuitax.com</u> is preferred for reporting up to 999 employees. Compact disc is preferred for reporting 1,000 or more employees—see the Arizona Magnetic Media Reporting publication (PAU-430) at the above website for instructions.

UC-018-FF (8-17) Report

ARIZONA ACCOUNT NUMBER:	2369710 9						
CALENDAR QUARTER ENDING:	06/30/19						
TO AVOID PENALTY MAIL BY:	07/31/19						
FEDERAL ID NO.:	86-0278776						
MAKE SURE FEDERAL ID NO. IS CORRECT!							

For Online Filing: www.azuitax.com

# **USE BLACK INK ONLY**

#### C. WAGE SUMMARY - See reverse for instructions

1. TOTAL WAGES PAID IN QUARTER From Section B. Wage Listing	165528.57
2. SUBTRACT EXCESS WAGES	139255.00
Cannot exceed Line 1 – see instructions	
3. TAXABLE WAGES PAID	26273.57
Up to \$7,000 per Employee – Line 1 minus Line 2	
4. TAX DUE	373.08
Line 3 X Tax Rate of 1.4200	
the decimal equivalent = $0.0142$	
5. ADD INTEREST DUE	
1% of Tax Due for each month payment is late	
6. ADD PENALTY FOR LATE REPORT	
0.10% of Line 1 (\$35 min / \$200 max)	
7. ADD SURCHARGE DUE	
Applicable percentage of Line 3 – see instructions	
8. TOTAL PAYMENT DUE	373.08
For amounts equaling \$9.99 or less – see instructions	
9. SUBTRACT ANY CREDIT BALANCE	
If balance is listed, subtract from Line 8	
10. AMOUNT PAID	373.08
Make check payable to DES Unemployment Tax	

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

1. Employee's Social Security Number	2. Employee	3. Total Wages Paid in Quarter		
600-88-8310	Andriotto, Marque	2604.17		
563-57-1618	Barnes, Lance		6311.87	
327-46-0252	Beals, Stephen		4832.38	
540-92-9494	Bowlsby, Gigi		10335.27	
275-42-1548	Case, Marshall		2256.94	
048-30-5839	Chapman, Joyce		2462.63	
		TOTAL WAGES THIS PAGE	28803.26	
Signature:		TOTAL WAGES ALL PAGES	165528.57	
Title: Reporting Agent		Prepared by: Amiee Ber	ison	
Date:		Telephone: 928778560	00	

# **UI TAX WAGE LISTING CONTINUATION**

ARIZONA DEPARTMENT OF ECONOMIC SECURITY P.O. BOX 52027 • MD 5881 • PHOENIX, ARIZONA 85072-2027 TELEPHONE: (602) 771-6601

**ARIZONA ACCOUNT NUMBER** 2369710 9

CALENDAR QUARTER ENDING 06/30/19

Page 1 of 1

## LIST EMPLOYEES IN NUMERICAL ORDER BY SOCIAL SECURITY NUMBER OR ALPHABETICALLY BY LAST NAME.

1. EMPLOYEE SOCIAL SECURITY NUMBER	2. EMPLOYEE NAME (Last, First)	3. TOTAL WAGES PAID (This Quarter)
283-48-7556	Cordes, Tusanne	2110.80
765-56-2032	Garcia, Juan	13231.54
526-96-9624	Gray, Cheryl	6648.96
526-90-1500	Gray, David	2279.59
451-15-7278	Hamerly, Nancy	7219.28
263-53-8693	Henderson-Dahms, Carol	10056.96
315-72-2215	Hittle, Arlene	7866.51
365-13-2012	LaPointe, Raven	8390.32
217-86-8818	Layton, Robin	11531.46
601-70-9012	Mabery, Erin	17216.16
527-33-1958	Main, Cheryl	9635.94
602-04-4419	Massie, Georgia	4712.70
526-94-4768	Medlyn, Paul	575.02
514-82-2693	Miles, Starla	1081.48
299-38-1577	Mowrer, Diana	468.00
151-32-0244	Patt, William	582.00
603-38-3436	Pena, Jessica	8580.00
601-95-1115	Ray, Kameron	257.15
573-31-1810	Reeves, Terri	4080.80
527-33-8385	Ryder, Marian	8506.83
595-26-7961	Suarez, Giselle	9537.54
600-23-5196	Swanson, Jill	910.01
441-08-1699	Williams, Chandra	1246.26

TOTAL WAGES THIS PAGE

136725.31

	941 for 20 nuary 2019)		er's QUARTERL'		ral Tax R	eturn	<b>ዓ50 ኴ ኴ ?</b> OMB No. 1545-0029
Emplo	yer identification numb	ber (EIN) 86-0278	776				ort for this Quarter of 2019
Nam	e (not your trade name	y Yavapai Bio	g Brothers/Big	a Siste	ers I	1:	January, February, March
						× 2:	April, May, June
Trade	e name (if any)	avapai Big Br	others/Big Si	lsters,	, Inc	3:	July, August, September
Addre		akeside Villa	age Drive			4:	October, November, December
	Number	Street	] [		om number		www.irs.gov/Form941 for ctions and the latest information.
	Prescot <sub>City</sub>	et 🛛	AZ State	86301	code	Instruc	
							REV 06/12/19 QBDT
	Foreign country n	ame	Foreign province/county	Foreign p	ostal code		
Read t	he separate instru	ctions before you com	olete Form 941. Type or	orint within	the boxes.		
Part <sup>•</sup>		se questions for this					
1			ages, tips, or other con				01
	including: Mar. 1	2 (Quarter 1), June 12	Quarter 2), Sept. 12 (Qu	arter 3), or l	Dec. 12 (Quar	ter 4) 1	21
2	Wages, tips, and	d other compensation				2	164,395.36
3	Federal income	tax withheld from wag	ges, tips, and other con	npensation		3	11,663.42
4	If no wages, tips	s, and other compense	ation are subject to soc	ial security			Check and go to line 6.
			Column 1	]	Colum	111 2 543.32	
5a	Taxable social s	security wages	165,671.92	]	20,5	943.32	
5b	Taxable social s	ecurity tips		] × 0.124 =			
5c		re wages & tips	165,671.92	× 0.029 =	4,8	804.49	
5d		& tips subject to care Tax withholding		] × 0.009 =			
5e	Add Column 2 fi	rom lines 5a, 5b, 5c, a	nd 5d			5e	25,347.81
5f	Section 3121(q)	Notice and Demand –	Tax due on unreported	<b>l tips</b> (see ir	nstructions)	5f	
6	Total taxes befo	ore adjustments. Add I	ines 3, 5e, and 5f			6	37,011.23
7	Current quarter	's adjustment for fract	tions of cents			7	0.07
8	Current quarter	's adjustment for sick	рау			8	
9	Current quarter'	s adjustments for tips	and group-term life ins	urance .		9	
10	Total taxes after	<b>r adjustments.</b> Combir	ne lines 6 through 9 .			10	37,011.30
11	Qualified small b	usiness payroll tax cre	dit for increasing resear	ch activities	. Attach Form	8974 <b>11</b>	
12	Total taxes after	r adjustments and cre	dits. Subtract line 11 fro	m line 10 .		12	37,011.30
13	•		ding overpayment applie 41-X (PR), 944-X, or 944-X		• •		37,011.30
14	Balance due. If I	ine 12 is more than line	13, enter the difference	and see ins	tructions .	14	
15		line 13 is more than line			С	heck one:	Apply to next return. Send a refund.
► Y		te both pages of Form	n 941 and SIGN it.	<b>_</b>			Next

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. BAA

Form **941** (Rev. 1-2019)

							170571
Name (not your trade nam	Brothers/Biq Si	sters Inc			Employer ide	ntification number (EIN)	
	oout your deposit schedule		or this a	uarter.	00 02		
	bout whether you are a mont				kly schedule d	epositor, see section	11
of Pub. 15.							
16 Check one:	Line 12 on this return is les incur a \$100,000 next-day d line 12 on this return is \$100 depositor, complete the depo Part 3.	eposit obligation du 0,000 or more, you m	ring the cu nust provid	urrent quarte e a record o	er. If line 12 for the	e prior quarter was less the liability. If you are a mon	an \$2,500 but hthly schedule
[	You were a monthly sch liability for the quarter, the	•	or the er	tire quarte	er. Enter your ta	ax liability for each mor	nth and total
	Tax liability: Month 1						
	Month 2						
	Month 3						
	Total liability for quarter			То	otal must equal	line 12.	
	X You were a semiweekly Report of Tax Liability for						rm 941),
Part 3: Tell us at	oout your business. If a que	stion does NOT a	apply to y	your busin	iess, leave it b	lank.	
17 If your busine	ss has closed or you stopped	d paying wages .				Check he	ere, and
enter the final	date you paid wages						
18 If you are a se	easonal employer and you do	n't have to file a r	eturn for	every qua	rter of the year	🗌 Check he	ere.
Part 4: May we s	peak with your third-party	designee?					
<b>Do you want t</b> e for details.	o allow an employee, a paid tax	preparer, or anot	ner perso	n to discus	s this return wit	h the IRS? See the instru	uctions
X Yes. Desig	gnee's name and phone numbe	er Amiee	Benso	n		(928)778-	5600
	ct a 5-digit Personal Identificati	on Number (PIN) to	o use whe	en talking to	the IRS.	32112	
∟ No.							
	e. You MUST complete both						V 06/12/19 QBDT
	ury, I declare that I have examined rrect, and complete. Declaration of			s based on a	all information of w		•
Sign	vour				Print your name here A	miee Benson	
name		need to sign this	form		Print your		
•	Date				Best daytime ph	one (928)778-	5600
Paid Preparer	Use Only				Check if you a	re self-employed	
Preparer's name	Amiee Benson				PTIN	P01760964	
Preparer's signature					Date		]
Firm's name (or yours if self-employed)	Edge Tax & Accou	unting, LL	С		EIN	46-4421327	
Address	3122 N State Rou	ute 89			Phone	(928)778-56	00
City	Prescott		State	AZ	ZIP code	86301	

# Schedule B (Form 941):

# **Report of Tax Liability for Semiweekly Schedule Depositors**

(Rev. January 2017) Department of the Treasury – Internal Revenue Service

Employer identification num (EIN)	86-027877	6			
Name (not your trade name)	Ya	wapai Big	Bro	thers/Big	Sisters
Calendar year		2019			(Also check quarter)

 Report for this Quarter...

 (Check one.)

 1: January, February, March

 2: April, May, June

 3: July, August, September

 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month	1							
1		9		17		25		Tax liability for Month 1
2		10		18		26	6,539.20	13,299.38
3		11		19		27		
4		12	6,760.18	20		28		
5		13		21		29		
6		14		22		30		
7		15		23		31		
8		16		24				
Month	2							
1		9		17		25		Tax liability for Month 2
2		10	6,454.37	18		26		12,295.62
3		11		19		27		
4		12		20		28		
5		13		21		29		
6		14		22		30		
7		15		23		31		
8		16		24	5,841.25			
Month	3							
1		9		17		25		Tax liability for Month 3
2		10		18		26		11,416.30
3	135.78	11	30.90	19		27		
4		12		20		28		
5		13		21	6,022.78	29		
6		14		22		30		
7	5,226.84	15		23		31		
8		16		24				
	6/12/19 QBDT			Тс	ability for the quarter (Mor otal must equal line 12 o			Total liability for the quarter 37,011.30
For P	aperwork Reduction	Act	Notice, see separate ir	nstru	Ictions. BAA			Schedule B (Form 941) (Rev. 1-2017)

OMB No. 1545-0029

# Arizona Form

Arizona Quarterly Withholding Tax Return

# DO NOT file more than one original A1-QRT per EIN per quarter.

Part 1 Ta	xpayer Information		
Name		Employer Identification	Number (EIN)
<u>Yavapai Bi</u>	g Brothers/Big Sisters Inc	86-0278776	
Number and stre	et or PO Box	QUARTER AND YEAR	
	ide Village Drive	3 2019	
City or town, stat	e and ZIP Code		r (1, 2, 3 or 4) and
Prescott	AZ 86301		year. See instructions.
Business telepho	one number (with area code)	REVENUE USE ONLY. DO	D NOT MARK IN THIS AREA.
(928)778-5	135		05 1
Check box if:			
	Return <b>B</b> Address Change <b>C</b> Final Return (CANCEL ACCOUNT)		
-	I return, the department will cancel your withholding account. Enter the date final		
wages were paid	l and complete Part 6	E PM	66 RCVD
D Check this	box if this form is being filed by the surviving employer and the periods covered	81	66 100
by this retu	rn are for less than three (3) months. Also enter the following:		
	or Employer Name		
Predecesso	or Employer EIN	_	
E Total Arizona p	payroll for this quarter	\$_	181146 57
F Total number of	of employees paid Arizona wages for this quarter		24
Та	x Liability Schedule Include all withholding amounts from all sources (i.e	. wages & salary, pens	sions & annuities.
	mbling winnings, etc.). See instructions.	5	· · · · · · · · · · · · ,
A. Quarterly	Deposit Schedule: Complete if prior 4 quarter average was not more t	han \$1,500.	
A1 Tax Liability.	Enter the total amount withheld during the quarter. Also enter this amount on Part 3	. line 1 A1	
	Complete Section A above <b>OR</b> Section B below; <b>DO NOT</b>	COMPLETE BO	TH.
B. Monthly or	Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarter	r average was greate	r than \$1,500.
Semi-weekly der	positors and taxpayers with a next-day tax deposit obligation during the quarter, CHI	ECK THIS BOX and com	plete Part 4. 🔽
	bugh B3, enter the total amount withheld for each month in the quarter.		
	ility		1408 53
	; ility		2104 60
	; ility		1584 21
	this amount on Part 3, line 1		5097 34
Part 3 Ta	x Computation (See instructions.)		
	er the amount from line A1 or line B4	4	5097 34
•			5097 34
•	ade during this quarter <b>It Due:</b> Subtract line 2 from line 1. Enter the difference. Use a minus sign to indica	<b>-</b> -	5097 34
	bunt.	a	0 00
negative and			
Declaration	Under penalties of perjury, I declare that I have examined this return and to the bes and correct return.	st of my knowledge and b	elief, it is a true, complete
Please			
Sign		(928) 778-560	00
Here	TAXPAYER'S SIGNATURE DATE	BUSINESS TELEPHON	E NUMBER
Paid	PAID PREPARER'S SIGNATURE DATE		REPARER'S PTIN 421327
Preparer's	Amiee Benson FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	40-47 FIRM'S	
Use			
Only	3122 N State Route 89 FIRM'S STREET ADDRESS		) 778-5600 TELEPHONE NUMBER
	Prescott AZ	86303	
	CITY STAT		
<b>N</b>			
	check payable to: Arizona Department of Revenue. Inclu turn and payment to: Arizona Department of Revenue, PO B		

Name (as shown on page 1)	Name (as shown on page 1) EIN												
Yavapai Big Br	Yavapai Big Brothers/Big Sisters Inc 86-0278776							76					
Part 4 Semi-We	ekly	/Nex	xt Day Deposit Sch	edu	le								
A. First Month of Qu	arte	r (D	Days of the Month)										
1		8			15			22			29		
2		9			16			23			30 🗆		
3 🗆		10			17			24			31 🗆		
4		11			18			25			Check a box	only if yo	bu
<b>5 7 7 7 7 9</b>	29	12			19	□ 699	24	26			had a next-b	anking d	24
6 🗆		13			20			27				Ŭ	ay
7		14			21			28			deposit oblig	gation.	
Month 1 Liability: Enter total here and on Part 2, line B1									\$	1408	53		

B. Second Month of Quarter (Days of the Month) 1 8 🗆 15 🗆 29 🗆 22 9 🗆 2 724 99 16 🗆 701 80 23 🗆 30 🗆 677 81 10 🗆 3 🗆 17 🗆 24 🗆 31 🗆 11 18 🗆 4 🗆 25 🗆 Check a box only if you 19 🗆 5 🗆 12 🗆 26 had a next-banking day 13 🗆 6 🗆 20 27 🗆 deposit obligation. 14 7 21 28

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

C. Third Month of	Quarter (Days of t	he Month)			
1	8	15 🗆	22		29 🗆
2 🗆	9 🗆	16 🗆	23 🗆		30 🗆
3 🗆	10 🗆	17 🗆	24 🗆		31 🗆
4	11 🗆	18 🗆	25 🗆		Check a box only if you
5 🗆	12 🗆	19 🗆	26		had a next-banking day
6 🗆	13 🗆	779 92 20 🗆	27 🗆 804	29	
7 🗆	14 🗆	21	28 🗆		deposit obligation.
Month 3 Liability: Ent	ter total here and on	Part 2, line B3			\$ 1584 21

## 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 D Business sold.

3		Business	stopped	paying	wages a	nd will r	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.

City:		ZIP Code:
8 Check this box if there is a succe Name:	essor employer.	EIN:

\$

2104 60



Yavapai Big Brothers/Big Sisters Inc Yavapai Big Brothers/Big Sisters, Inc 3208 Lakeside Village Drive

Prescott

PLEASE RETURN ORIGINAL

AZ 86301

### UNEMPLOYMENT TAX AND WAGE REPORT

#### A. NUMBER OF EMPLOYEES -

Report for each month the number of full- and parttime covered workers who worked during or received pay subject to UI Taxes for the payroll period which includes the 12th of the month.

JULY	22
AUGUST	21
SEPTEMBER	21

B. WAGES - List all employees in Social Security Number order, or alphabetically by last name. For additional employees, use white paper in the same format, or form UC-020. Filing via the internet at www.azuitax.com is preferred for reporting up to 999 employees. Compact disc is preferred for reporting 1,000 or more employees-see the Arizona Magnetic Media Reporting publication (PAU-430) at the above website for instructions.

UC-018-FF (8-17) Report

ARIZONA ACCOUNT NUMBER:	2369710 9
CALENDAR QUARTER ENDING:	09/30/19
TO AVOID PENALTY MAIL BY:	10/31/19
FEDERAL ID NO.:	86-0278776
MAKE SURE FEDERAL ID NO. IS CORRECT!	

For Online Filing: www.azuitax.com

# **USE BLACK INK ONLY**

#### C. WAGE SUMMARY - See reverse for instructions

1. TOTAL WAGES PAID IN QUARTER From Section B. Wage Listing	182635.89
2. SUBTRACT EXCESS WAGES	155492.43
Cannot exceed Line 1 – see instructions	
3. TAXABLE WAGES PAID	27143.46
Up to \$7,000 per Employee – Line 1 minus Line 2	
4. TAX DUE	385.44
Line 3 X Tax Rate of 1.4200	
the decimal equivalent = $0.0142$	
5. ADD INTEREST DUE	
1% of Tax Due for each month payment is late	
6. ADD PENALTY FOR LATE REPORT	
0.10% of Line 1 (\$35 min / \$200 max)	
7. ADD SURCHARGE DUE	
Applicable percentage of Line 3 – see instructions	
8. TOTAL PAYMENT DUE	385.44
For amounts equaling \$9.99 or less – see instructions	
9. SUBTRACT ANY CREDIT BALANCE	
If balance is listed, subtract from Line 8	
10. AMOUNT PAID	385.44
Make check payable to DES Unemployment Tax	

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

1. Employee's Social Security Number	2. Employee'	s Name <i>(Last, First)</i>	3. Total Wages Paid in Quarter
327-46-0252	Beals, Stephen		5634.33
526-23-3677	Boehm, Karen		4614.40
540-92-9494	Bowlsby, Gigi		12071.27
275-42-1548	Case, Marshall		1826.42
048-30-5839	Chapman, Joyce		3197.86
283-48-7556	Cordes, Tusanne		2712.66
		TOTAL WAGES THIS PAGE	30056.94
Signature:		TOTAL WAGES ALL PAGES	182635.89
Title: Reporting Agent		Prepared by: Amiee Ber	nson
Date:		Telephone: 92877856	00

PHOTO COPY FOR YOUR RECORDS

# **UI TAX WAGE LISTING CONTINUATION**

ARIZONA DEPARTMENT OF ECONOMIC SECURITY P.O. BOX 52027 • MD 5881 • PHOENIX, ARIZONA 85072-2027 TELEPHONE: (602) 771-6601

ARIZONA ACCOUNT NUMBER 2369710 9

CALENDAR QUARTER ENDING 09/30/19

Page \_\_\_\_\_ of \_\_\_\_\_

# LIST EMPLOYEES IN NUMERICAL ORDER BY SOCIAL SECURITY NUMBER OR ALPHABETICALLY BY LAST NAME.

1. EMPLOYEE SOCIAL SECURITY NUMBER	2. EMPLOYEE NAME (Last, First)	3. TOTAL WAGES PAID (This Quarter)
526-96-9624	Gray, Cheryl	6880.05
526-90-1500	Gray, David	2496.11
451-15-7278	Hamerly, Nancy	8620.28
263-53-8693	Henderson-Dahms, Carol	11733.12
315-72-2215	Hittle, Arlene	9121.35
365-13-2012	LaPointe, Raven	10173.76
217-86-8818	Layton, Robin	13453.37
601-70-9012	Mabery, Erin	21665.76
527-33-1958	Main, Cheryl	11317.53
602-04-4419	Massie, Georgia	1599.60
514-82-2693	Miles, Starla	515.95
299-38-1577	Mowrer, Diana	897.00
603-38-3436	Pena, Jessica	9851.39
573-31-1810	Reeves, Terri	4948.16
527-33-8385	Ryder, Marian	10158.29
603-02-7025	Scholl, Alexa	8537.23
595-26-7961	Suarez, Giselle	11152.74
441-08-1699	Williams, Chandra	9457.26

TOTAL WAGES THIS PAGE

152578.95

Form (Rev. Ja			2019:		er's QUA			al Tax	Return	1	<b>ዓ50 ፲ ፲ 7</b> OMB No. 1545-0029
Emplo	oyer ide	ntification	number (EIN)	86-0278	776						ort for this Quarter of 2019
Nam	<b>e</b> (not y	your trade i	name) Yava	apai Bi	g Brothe	rs/Big	g Siste	ers I		1: .	January, February, March
Trad	e name	e (if any)	Yavapa	i Biq B	rothers/	Biq Si	lsters,	Inc		2: /	April, May, June
	Г	,								3: .	July, August, September
Addre		3208 Number		de VIII.	age Driv	e	Suite or roc	om number			October, November, December vww.irs.gov/Form941 for
		Preso	cott			AZ	86301	_			tions and the latest information.
		City				State		code			REV 09/04/19 QBDT
	L	Foreign cou	ntrv name		Foreign prov	nce/county	Eoreian p	ostal code			
Read t			-	fore you com	plete Form 94						
Part <sup>·</sup>				tions for this	•						
1					vages, tips, or		-			Г	21
	inclu	iding: Ma	ar. 12 (Quarte	er 1), <i>June 12</i>	(Quarter 2), Se	ept. 12 (Qu	arter 3), or <i>I</i>	Dec. 12 (Qu	arter 4)	1	21
2	Wag	jes, tips,	and other c	ompensatio	1					2	181,252.56
3	Fede	eral inco	me tax with	held from wa	ges, tips, and	other con	npensation			3	13,746.13
4	lf no	wages,	tips, and ot	her compens	ation are sub	ject to soc	ial security	or Medica	are tax		Check and go to line 6.
					Colum		1 1		umn 2		
5a	Таха	able soci	al security v	vages	182,7	65.14	× 0.124 =	22	,662.8	8	
5b	Таха	able soci	al security t	ips			× 0.124 =				
5c	Таха	able Mec	licare wages	s&tips	182,7	65.14	× 0.029 =	5	,300.1	9	
5d			es & tips su edicare Tax	bject to withholding			× 0.009 =				
5e	Add	Column	2 from lines	s 5a, 5b, 5c, a	ind 5d				4	5e	27,963.07
5f	Sect	tion 3121	(q) Notice a	nd Demand-	-Tax due on ι	inreported	l <b>tips</b> (see in	structions)		5f	
6	Tota	ll taxes b	efore adjus	tments. Add	lines 3, 5e, and	15f				6	41,709.20
7	Curr	rent quai	rter's adjust	ment for frac	tions of cents					7	-0.01
8	Curr	ent qua	rter's adjust	ment for sicl	срау					8	
9	Curr	ent quar	ter's adjustr	ments for tips	and group-te	rm life ins	urance .			9	
10	Tota	ıl taxes a	nfter adjustn	<b>nents.</b> Combi	ne lines 6 thro	ugh 9 .				10	41,709.19
11	Qual	lified sma	all business p	payroll tax cre	edit for increas	ing researd	ch activities	. Attach For	rm 8974	11	
12	Tota	ıl taxes a	nfter adjustn	nents and cro	edits. Subtract	line 11 fro	m line 10 .			12	41,709.19
13		•		• •	ding overpayn 941-X (PR), 944-			• •		13	41,709.19
14	Bala	ince due	. If line 12 is	more than lin	e 13, enter the	difference	and see ins	tructions	'	14	
15	Over	payment	t. If line 13 is i	more than line	12, enter the d	ifference			Check one	e: [	Apply to next return.
►Y				-	m 941 and SIC Notice, see the		Dourmant	Veneber	DAA		Next ■► Form <b>941</b> (Rev. 1-2019

Name (not your trade name	,					ntification number (EIN)
Yavapai Big	Brothers/Big Si		86-0278776			
Part 2: Tell us ab	out your deposit schedule	and tax liability	for this q	uarter.		
If you are unsure al of Pub. 15.	pout whether you are a mon	thly schedule dep	ositor or	a semiwe	ekly schedule d	epositor, see section 11
16 Check one:	incur a \$100,000 next-day c line 12 on this return is \$100 depositor, complete the depo Part 3.	leposit obligation du 0,000 or more, you n osit schedule below;	uring the cu must provid if you are a	irrent quar e a record semiweekly	ter. If line 12 for the of your federal tax y schedule deposito	was less than \$2,500, and you didn't e prior quarter was less than \$2,500 but liability. If you are a monthly schedule or, attach Schedule B (Form 941). Go to
L	You were a monthly scl liability for the quarter, the	•	for the er	itire quart	t <b>er.</b> Enter your ta	x liability for each month and total
	Tax liability: Month 1					
	Month 2					
	Month 3					
_	Total liability for quarter			T	otal must equal	line 12.
	You were a semiweekly Report of Tax Liability for					mplete Schedule B (Form 941), n 941.
Part 3: Tell us ab	out your business. If a que	stion does NOT	apply to y	our busi	ness, leave it b	lank.
17 If your busine	ss has closed or you stoppe	d paying wages .				Check here, and
enter the final of	date you paid wages					
18 If you are a se	asonal employer and you do	on't have to file a	return for	every qua	arter of the year	Check here.
Part 4: May we s	peak with your third-party	designee?				
<b>Do you want to</b> for details.	allow an employee, a paid ta	x preparer, or anot	ther perso	n to discus	ss this return witl	h the IRS? See the instructions
X Yes. Desig	nee's name and phone numb	er Amiee	Benso	n		(928)778-5600
Selec	t a 5-digit Personal Identificat	ion Number (PIN) t	o use whe	n talking t	o the IRS.	32112
└ No.						
Part 5: Sign here	. You MUST complete both	n pages of Form	941 and \$	SIGN it.		REV 09/04/19 QBDT
						s, and to the best of my knowledge hich preparer has any knowledge.
Sign y	<i>i</i> our				Print your A	miee Benson
name		need to sign this	s form		Print your title here	
•	Date				Best daytime ph	one (928)778-5600
Paid Preparer	Use Only				Check if you a	re self-employed
Preparer's name	Amiee Benson				PTIN	P01760964
Preparer's signature					Date	
Firm's name (or yours if self-employed)	Edge Tax & Acco	unting, LI	ЪС		EIN	46-4421327
Address	3122 N State Ro	ute 89			Phone	(928)778-5600
City	Prescott		State	AZ	ZIP code	86301

# Schedule B (Form 941):

# **Report of Tax Liability for Semiweekly Schedule Depositors**

(Rev. January 2017) Department of the Treasury – Internal Revenue Service

Employer identification num (EIN)	r 86-0278	86-0278776					
Name (not your trade name)	Yavapai B	ig Brothers	s/Big Sisters				
Calendar year	201	9	(Also check quarter)				

 Report for this Quarter...

 (Check one.)

 1: January, February, March

 2: April, May, June

 3: July, August, September

 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Mon	th 1							
1		9		17		25		Tax liability for Month 1
2		10		18		26		11,610.20
3		11		19	5,612.92	27		
4		12		20		28		
5	5,997.28	13		21		29		
6		14		22		30		
7		15		23		31		
8		16		24				
Mon	th 2							
1		9		17		25		Tax liability for Month 2
2	5,899.29	10		18		26		17,327.90
3		11		19		27		
4		12		20		28		
5		13		21		29		
6		14		22		30	5,545.52	
7		15		23		31		
8		16	5,883.09	24				
Mon	th 3							
1		9		17		25		Tax liability for Month 3
2		10		18		26		12,771.09
3		11		19		27	6,471.50	
4		12		20		28		
5		13	6,299.59	21		29		
6		14		22		30		
7		15		23		31		
8		16		24				
	09/04/19 QBDT			Тс	ability for the quarter (Mor otal must equal line 12 o			Total liability for the quarter 41,709.19
For	Paperwork Reduction	Act	Notice, see separate ir	nstru	ICTIONS. BAA			Schedule B (Form 941) (Rev. 1-2017)

OMB No. 1545-0029

	941 for 2019: Employ Department of	er's QUARTERLY the Treasury – Internal Revenue		al Tax R	eturn	<b>95011</b> 7 OMB No. 1545-0029
Emplo	by er identification number (EIN) $86 - 0278$	3776			Repo (Check	rt for this Quarter of 2019
Name	e (not your trade name) Yavapai Bi	g Brothers/Big	Siste	ers I	🗌 1: J	January, February, March
Tred	Vavapai Big B	rothers/Big Si	atora	Inc	<b>2:</b> A	April, May, June
Irade	e name (if any) Yavapal Big B	IOCHELS/BIG SI	scers,		<b>3:</b> J	July, August, September
Addre		age Drive			× 4: 0	October, November, December
	Number Street		Suite or roo		Go to w	www.irs.gov/Form941 for tions and the latest information.
	Prescott <sub>City</sub>	State	86301 ZIP c		Instruct	
						REV 12/23/19 QBDT
	Foreign country name	Foreign province/county	Foreign po	ostal code		
Read t	he separate instructions before you con	nolete Form 941. Type or n	rint within t	the boxes		
Part 1						
1	Number of employees who received	wages, tips, or other com	pensation	for the pay pe	eriod _	
	including: Mar. 12 (Quarter 1), June 12	? (Quarter 2), Sept. 12 (Qua	rter 3), or <i>L</i>	Dec. 12 (Quarte	er 4) 1	24
2	Wages, tips, and other compensatio	n			2	165,541.90
3	Federal income tax withheld from wa	ages, tips, and other com	pensation		3	12,542.13
4	If no wages, tips, and other compension	sation are subject to soci Column 1	al security	or Medicare Colum		Check and go to line 6.
5a	Taxable social security wages	1.55 0.55 4.5	× 0.124 =		02.60	
5b	Taxable social security tips		× 0.124 =			
5c	Taxable Medicare wages & tips.	166,956.46	× 0.029 = [	4,8	41.74	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =			
5e	Add Column 2 from lines 5a, 5b, 5c,				5e	25,544.34
5f	Section 3121(q) Notice and Demand	-Tax due on unreported	<b>tips</b> (see in	structions)	5f	
6	Total taxes before adjustments. Add	lines 3, 5e, and 5f			6	38,086.47
7	Current quarter's adjustment for fraction	ctions of cents			7	-0.02
8	Current quarter's adjustment for sic	k pay			8	
9	Current quarter's adjustments for tip	s and group-term life insu	rance .		9	
10	Total taxes after adjustments. Comb	ine lines 6 through 9 .			10	38,086.45
11	Qualified small business payroll tax cr	edit for increasing researc	h activities	. Attach Form 8	<b>11</b>	
12	Total taxes after adjustments and cr	edits. Subtract line 11 fron	n line 10 .		12	38,086.45
13	Total deposits for this quarter, inclu overpayments applied from Form 941-X,	• • • • • •				38,086.45
14	Balance due. If line 12 is more than lin	e 13, enter the difference a	ind see inst	tructions .	14	
15	Overpayment. If line 13 is more than line			Ch	neck one:	Apply to next return. Send a refund.
► Y	ou MUST complete both pages of For	m 941 and SIGN it.				

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. BAA

Form **941** (Rev. 1-2019)

							170571					
Name (not your trade name	) Brothers/Biq Sia	sters Inc			Employer ide 86-02	entification number (EIN)						
Part 2: Tell us about your deposit schedule and tax liability for this quarter.												
	bout whether you are a mont				kly schedule d	epositor, see section	11					
of Pub. 15.		- H 40 500	10									
16 Check one:	Line 12 on this return is les incur a \$100,000 next-day d line 12 on this return is \$100 depositor, complete the depo Part 3.	eposit obligation du 0,000 or more, you m	ring the cu nust provid	<b>irrent quarte</b> e a record of	<b>r.</b> If line 12 for th f your federal tax	e prior quarter was less the liability. If you are a mon	an \$2,500 but ithly schedule					
[	You were a monthly sch liability for the quarter, the	•	or the er	itire quarte	r. Enter your ta	ax liability for each mor	nth and total					
	Tax liability: Month 1											
	Month 2											
	Month 3											
	Total liability for quarter			То	tal must equal	line 12.						
	X You were a semiweekly Report of Tax Liability for						rm 941),					
Part 3: Tell us ab	oout your business. If a que	stion does NOT a	apply to y	our busin	ess, leave it b	lank.						
17 If your busine	ss has closed or you stopped	d paying wages .				🗌 Check he	ere, and					
enter the final	date you paid wages											
18 If you are a se	easonal employer and you do	n't have to file a r	eturn for	every quar	ter of the year	Check he	ere.					
Part 4: May we s	peak with your third-party	designee?										
<b>Do you want to</b> for details.	o allow an employee, a paid tax	preparer, or anot	ner perso	n to discuss	this return wit	h the IRS? See the instru	uctions					
X Yes. Desig	gnee's name and phone numbe	er Amiee	Benso	n		(928)778-	5600					
	ct a 5-digit Personal Identificati	on Number (PIN) to	o use whe	n talking to	the IRS.	32112						
└ No.												
	. You MUST complete both						V 12/23/19 QBDT					
	ury, I declare that I have examined rrect, and complete. Declaration of			s based on a	Il information of v		0					
Sign y	vour				Print your ame here A	miee Benson						
name		need to sign this	form		Print your							
	Date				Poot doutimo ph	one (928)778-	5600					
Daid Durana				L								
Paid Preparer	-				Check if you a	re self-employed	• 🛄					
Preparer's name	Amiee Benson				PTIN	P01760964						
Preparer's signature					Date							
Firm's name (or yours if self-employed)	Edge Tax & Accou	unting, LL	С		EIN	46-4421327						
Address	2161 Hillsdale H	Rd Ste A			Phone	(928)778-56	00					
City	Prescott		State	AZ	ZIP code	86301						

# Schedule B (Form 941):

# **Report of Tax Liability for Semiweekly Schedule Depositors**

(Rev. January 2017) Department of the Treasury – Internal Revenue Service

Employer identification number (EIN)		86-02	7877		
Name (not your trade name)	Ya	vapai	Big	Brothers/Big	Sisters
Calendar year		20	)19		(Also check quarter)

 Report for this Quarter...

 (Check one.)

 1: January, February, March

 2: April, May, June

 3: July, August, September

 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month	11							
1		9		17		25	6,748.66	Tax liability for Month 1
2		10		18		26		12,806.89
3		11	6,058.23	19		27		
4		12		20		28		
5		13		21		29		
6		14		22		30		
7		15		23		31		
8		16		24				
VIonth	12							
1		9		17		25		Tax liability for Month 2
2		10		18		26		12,752.53
3		11		19		27		
4		12		20		28		
5		13		21		29		
6		14		22	6,340.04	30		
7		15		23		31		
8	6,412.49	16		24				
VIonth	13							
1		9		17		25		Tax liability for Month 3
2		10		18		26		12,527.03
3		11		19		27		
4		12		20	6,393.81	28		
5		13		21		29		
6	6,133.22	14		22		30		
7		15		23		31		
8		16		24				
REV <sup>2</sup>	2/23/19 QBDT		Fill in your to		ability for the quarter (Mor otal must equal line 12 o			Total liability for the quarter 38,086.45
For P	aperwork Reduction	Act	Notice, see separate ir	nstru	Ictions. BAA			Schedule B (Form 941) (Rev. 1-2017)

OMB No. 1545-0029



YAVAPAI BIG BROTHERS BIG SISTERS, INC Yavapai Big Brothers/Big Sisters, Inc 3208 LAKESIDE VILLAGE DRIVE

PRESCOTT

PLEASE RETURN ORIGINAL

AZ 86301

#### UNEMPLOYMENT TAX AND WAGE REPORT

#### A. NUMBER OF EMPLOYEES -

Report for each month the number of full- and parttime covered workers who worked during or received pay subject to UI Taxes for the payroll period which includes the 12th of the month.

OCTOBER	26
NOVEMBER	25
DECEMBER	25

**B. WAGES** – List all employees in Social Security Number order, or alphabetically by last name. For additional employees, use white paper in the same format, or form UC-020. Filing via the internet at <u>www.azuitax.com</u> is preferred for reporting up to 999 employees. Compact disc is preferred for reporting 1,000 or more employees—see the Arizona Magnetic Media Reporting publication (PAU-430) at the above website for instructions.

UC-018-FF (8-17) Report

ARIZONA ACCOUNT NUMBER:	2369710 9								
CALENDAR QUARTER ENDING:	12/31/18								
TO AVOID PENALTY MAIL BY:	01/31/19								
FEDERAL ID NO.:	86-0278776								
MAKE SURE FEDERAL ID NO. IS CORRECT!									

For Online Filing: www.azuitax.com

# **USE BLACK INK ONLY**

#### C. WAGE SUMMARY - See reverse for instructions

-		
1.	TOTAL WAGES PAID IN QUARTER	190751.95
	From Section B. Wage Listing	
2.	SUBTRACT EXCESS WAGES	165108.03
	Cannot exceed Line 1 – see instructions	
3.	TAXABLE WAGES PAID	25643.92
	Up to \$7,000 per Employee – Line 1 minus Line 2	
4.	TAX DUE	697.51
	Line 3 X Tax Rate of 2.7200	
	the decimal equivalent = $0.0272$	
5.	ADD INTEREST DUE	
	1% of Tax Due for each month payment is late	
6.	ADD PENALTY FOR LATE REPORT	
	0.10% of Line 1 (\$35 min / \$200 max)	
7.	ADD SURCHARGE DUE	
	Applicable percentage of Line 3 – see instructions	
8.	TOTAL PAYMENT DUE	697.51
	For amounts equaling \$9.99 or less - see instructions	
9.	SUBTRACT ANY CREDIT BALANCE	
	If balance is listed, subtract from Line 8	
10.	AMOUNT PAID	697.51
	Make check payable to DES Unemployment Tax	

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

1. Employee's Social Security Number	2. Employee's	3. Total Wages Paid in Quarter			
563-57-1618	Barnes, Lance		8583.70		
327-46-0252	Beals, Stephen	3513.96			
540-92-9494	Bowlsby, Gigi		11299.19		
275-42-1548	Case, Marshall		514.80		
048-30-5839	Chapman, Joyce		2603.34		
526-94-0097	Clayton, Philip		1050.00		
		TOTAL WAGES THIS PAGE	27564.99		
Signature:		TOTAL WAGES ALL PAGES	190751.95		
Title: Reporting Agent		Prepared by: Amiee Benson			
Date:		Telephone: 928778560	00		

# **UI TAX WAGE LISTING CONTINUATION**

ARIZONA DEPARTMENT OF ECONOMIC SECURITY P.O. BOX 52027 • MD 5881 • PHOENIX, ARIZONA 85072-2027 TELEPHONE: (602) 771-6601

ARIZONA ACCOUNT NUMBER 2369710 9

CALENDAR QUARTER ENDING 12/31/18

Page \_\_\_\_\_ of \_\_\_\_\_

#### LIST EMPLOYEES IN NUMERICAL ORDER BY SOCIAL SECURITY NUMBER OR ALPHABETICALLY BY LAST NAME.

1. EMPLOYEE SOCIAL SECURITY NUMBER	2. EMPLOYEE NAME (Last, First)	3. TOTAL WAGES PAID (This Quarter)
244-67-2975	Coleman, Abrianna	5454.86
283-48-7556	Cordes, Tusanne	1210.50
313-94-4397	Ellis, Morgan	7068.65
765-56-2032	Garcia, Juan	11341.52
546-61-5722	Goswick, Juliana	9343.49
526-96-9624	Gray, Cheryl	5932.00
526-90-1500	Gray, David	581.33
451-15-7278	Hamerly, Nancy	7353.60
263-53-8693	Henderson-Dahms, Carol	10056.96
315-72-2215	Hittle, Arlene	8394.93
549-49-8686	Johnson, Patricia	3481.08
365-13-2012	LaPointe, Raven	4267.20
217-86-8818	Layton, Robin	12251.52
601-70-9012	Mabery, Erin	16062.18
527-33-1958	Main, Cheryl	9789.60
049-66-7359	McTurk, John	14767.50
526-94-4768	Medlyn, Paul	2522.44
514-82-2693	Miles, Starla	1442.17
299-38-1577	Mowrer, Diana	344.50
603-38-3436	Pena, Jessica	6997.70
601-95-1115	Ray, Kameron	3713.93
546-88-5086	Schleicher, Cynthia	4908.75
595-26-7961	Suarez, Giselle	7464.75
600-23-5196	Swanson, Jill	8435.80

TOTAL WAGES THIS PAGE

163186.96

orm <b>94</b> ev. January	y 2018) Employe Department of	er's QUARTERLY the Treasury — Internal Revenue	Federal T	ax Retu	'n	<b>95011</b> OMB No. 1545-002
Employer ic	dentification number (EIN)	776			Repor (Check (	t for this Quarter of 2018
Name (no:	ot your trade name) YAVAPAI BIO	G BROTHERS BIG	SISTERS,			nuary, February, March
,	-				_	pril, May, June
Trade nan	me(ifany) [Yavapal Big B:	rothers/Big Sis	sters, In		<b>3:</b> Ju	ıly, August, September
Address	3208 LAKESIDE VILL	AGE DRIVE			<b>4</b> : 00	ctober, November, December
	Number Street		Suite or room numb	! !		<i>ww.irs.gov/Form941</i> for ons and the latest information.
	PRESCOTT <sub>City</sub>	State	ZIP code		Istructio	
		State				REV 12/20/18 QBDT
	Foreign country name	Foreign province/county	Foreign postal cod	le		
ead the s	separate instructions before you com	plete Form 941. Type or pr	int within the bo			
Part 1:	Answer these questions for this			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	mber of employees who received v					
inc	cluding: Mar. 12 (Quarter 1), June 12	(Quarter 2), Sept. 12 (Quar	ter 3), or <i>Dec. 12</i>	2 (Quarter 4)	1	25
2 Wa	ages, tips, and other compensatior	ı			2	190,311.80
3 Fea	deral income tax withheld from wa	iges, tips, and other comp	ensation		3	16,874.00
4 lfn	no wages, tips, and other compens	ation are subject to socia	al security or Me	edicare tax		Check and go to line 6.
		Column 1		Column 2		
5a Tax	xable social security wages	191,065.97,	< 0.124 =	23,692.	18	
5b Tax	xable social security tips	>	< 0.124 =			
5c Tax	xable Medicare wages & tips.	191,065.97,	< 0.029 =	5,540.	91	
	xable wages & tips subject to Iditional Medicare Tax withholding	,	< 0.009 =			
5e Ade	d Column 2 from lines 5a, 5b, 5c, a	and 5d			5e	29,233.09
5f Seo	ction 3121(q) Notice and Demand-	-Tax due on unreported t	<b>ips</b> (see instruct	ions)	5f	
6 Tot	tal taxes before adjustments. Add	lines 3, 5e, and 5f			6	46,107.09
7 Cu	rrent quarter's adjustment for frac	tions of cents			7	-0.08
8 Cu	rrent quarter's adjustment for sick	срау			8	
9 Cui	rrent quarter's adjustments for tips	s and group-term life insur	ance		9	
0 Tot	tal taxes after adjustments. Combi				10	46,107.01
1 Qua	-	ne lines 6 through 9				· · · · · · · · · · · · · · · · · · ·
2 Tot	alified small business payroll tax cre	C C	activities. Attac	h Form 8974	11	
	alified small business payroll tax cre tal taxes after adjustments and cre	edit for increasing research			11 12	46,107.01
•		edit for increasing research edits. Subtract line 11 from ding overpayment applied	line 10			
ove	tal taxes after adjustments and created takes and created takes and created takes and the second takes and the second takes and the second takes and take	edit for increasing research edits. Subtract line 11 from iding overpayment applied 941-X (PR), 944-X, or 944-X (\$	line 10 from a prior SP) filed in the cu	quarter and rrent quarter	12	46,107.01
ove 4 Bal	tal taxes after adjustments and cre tal deposits for this quarter, inclu erpayments applied from Form 941-X, 9	edit for increasing research edits. Subtract line 11 from ding overpayment applied 941-X (PR), 944-X, or 944-X (\$ e 13, enter the difference ar	line 10 from a prior SP) filed in the cu	quarter and rrent quarter	12 13 14	

				170571
Name (not your trade name) YAVAPAI BIG BROTHERS BIG SISTERS	, INC	Employer ide	ntification number (EIN)	
Part 2: Tell us about your deposit schedule and tax		00 02,	0,,,0	
If you are unsure about whether you are a monthly sche	dule depositor or a semiwe	eekly schedule de	epositor, see section	11
of Pub. 15. 16 Check one: Line 12 on this return is less than \$2, incur a \$100,000 next-day deposit obl line 12 on this return is \$100,000 or m depositor, complete the deposit schedu Part 3.	gation during the current quant pre, you must provide a record	rter. If line 12 for the of your federal tax	e prior quarter was less the liability. If you are a mon	an \$2,500 but hthly schedule
You were a monthly schedule de liability for the quarter, then go to P	• •	<b>rter.</b> Enter your ta	x liability for each mor	nth and total
Tax liability: Month 1				
Month 2				
Month 3				
Total liability for quarter	I	Fotal must equal	line 12.	
You were a semiweekly schedule Report of Tax Liability for Semiwee				rm 941),
Part 3: Tell us about your business. If a question do	es NOT apply to your bus	iness, leave it bl	ank.	
17 If your business has closed or you stopped paying	wages		🗌 Check he	ere, and
enter the final date you paid wages				
18 If you are a seasonal employer and you don't have	to file a return for every qu	arter of the year	🗌 Check he	ere.
Part 4: May we speak with your third-party designed	?	-		
Do you want to allow an employee, a paid tax prepare for details.	r, or another person to discu	iss this return with	the IRS? See the instru	uctions
X Yes. Designee's name and phone number	miee Benson		(928)778-	5600
Select a 5-digit Personal Identification Numb	er (PIN) to use when talking	to the IRS.	32112	
□ No.				
Part 5: Sign here. You MUST complete both pages of	f Form 941 and SIGN it.		RE	V 12/20/18 QBDT
Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer (				
Sign your		Print your name here A	miee Benson	
name here EF ONLY-You do not need to a	sign this form	Print your		
Date		Best daytime ph	one (928)778-	5600
Paid Preparer Use Only		Check if you a	re self-employed	. 🗌
Preparer's name Amiee Benson		PTIN	P01760964	
Preparer's signature		Date		
Firm's name (or yours Edge Tax & Accounting if self-employed)	g, LLC	EIN	46-4421327	
Address 3122 N State Route 8	9	Phone	(928)778-56	00
City	State AZ	ZIP code	86301	

# Schedule B (Form 941):

# **Report of Tax Liability for Semiweekly Schedule Depositors**

(Rev. January 2017) Department of the Treasury – Internal Revenue Service

Employer identification num (EIN)	86-02	7877				
Name (not your trade name)		VAPAI	BIG	BROTHERS	BIG	SISTERS,
Calendar year		20	)18			(Also check quarter)

Report for this Quarter (Check one.)									
<b>1:</b> January, February, March									
<b>2:</b> April, May, June									
<b>3:</b> July, August, September									
X 4: October, November, December									

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Mon	tn 1							
1		9		17		25		Tax liability for Month 1
2		10		18	70.02	26	7,006.90	17,998.96
3		11		19		27		
4		12	6,773.30	20		28		
5		13		21		29		
6		14		22		30		
7		15		23		31		
8	3,627.90	16		24	520.84	]		
Mon	th 2							
1		9	6,997.87	17		25		Tax liability for Month 2
2		10		18		26		14,282.89
3		11		19		27		
4		12		20		28		
5		13		21		29		
6		14		22		30		
7		15		23	7,254.98	31		
8	30.04	16		24				
Mon	th 3							
1		9		17		25		Tax liability for Month 3
2		10		18		26		13,825.16
3		11		19		27		
4		12		20		28		
5		13		21	6,919.74	29		
6		14		22		30		
7	6,905.42	15		23		31		
8		16		24				
								Total liability for the quarter
RE\	/ 12/20/18 QBDT		Fill in your to		ability for the quarter (Mor otal must equal line 12 o			46,107.01
For	Paperwork Reduction	Act	Notice, see senarate ir					Schedule B (Form 941) (Rev. 1-2017)

OMB No. 1545-0029

# Arizona Form

Arizona Quarterly Withholding Tax Return

# DO NOT file more than one original A1-QRT per EIN per quarter.

Part 1 Ta	xpayer Information		
Name		Employer Identification	Number (EIN)
<u>Yavapai Bi</u>	g Brothers/Big Sisters Inc	86-0278776	
Number and stre	eet or PO Box	QUARTER AND YEAR	
	ide Village Drive	4 2019	
City or town, stat	te and ZIP Code		(1, 2, 3 or 4) and
Prescott	AZ 86301		ear. See instructions.
Business telepho	one number (with area code)	REVENUE USE ONLY. DO	NOT MARK IN THIS AREA.
(928)778-5	135		05 1
Check box if:			
	Return <b>B</b> Address Change <b>C</b> Final Return (CANCEL ACCOUNT)		
•	al return, the department will cancel your withholding account. Enter the date final		
wages were paid	and complete Part 6	E PM	66 RCVD
D Check this	box if this form is being filed by the surviving employer and the periods covered	a [81] ' "	66 1000
by this retu	rn are for less than three (3) months. Also enter the following:		
	or Employer Name		
Predecesso	or Employer EIN	_	
E Total Arizona p	payroll for this quarter	\$_	165429 10
F Total number of	of employees paid Arizona wages for this quarter		24
Та	x Liability Schedule Include all withholding amounts from all sources (i.e	. wages & salary, pens	ions & annuities.
	mbling winnings, etc.). See instructions.	- <u>-</u>	,
A. Quarterly	Deposit Schedule: Complete if prior 4 quarter average was not more t	han \$1,500.	
A1 Tax Liability.	Enter the total amount withheld during the quarter. Also enter this amount on Part 3	. line 1 A1	
	Complete Section A above <b>OR</b> Section B below; <b>DO NO</b>	COMPLETE BO	ſH.
B. Monthly or	Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarte	r average was greate	r than \$1,500.
Semi-weekly de	positors and taxpayers with a next-day tax deposit obligation during the quarter, CH	ECK THIS BOX and com	olete Part 4. 🔽
	bugh B3, enter the total amount withheld for each month in the quarter.		
	, ility		1538 11
	, ility		1616 80
	, ility		1559 90
	this amount on Part 3, line 1		4714 81
Part 3 Ta	x Computation (See instructions.)		
	er the amount from line A1 or line B4	4	4714 81
•			4714 81
•	ade during this quarter <b>It Due:</b> Subtract line 2 from line 1. Enter the difference. Use a minus sign to indica	<b>-</b>	4/14 00
	bunt.	<b>3</b>	0 01
negative and		-	
Declaration	Under penalties of perjury, I declare that I have examined this return and to the bes and correct return.	st of my knowledge and be	elief, it is a true, complete
Please			
Sign		(928) 778-560	0
Here	TAXPAYER'S SIGNATURE DATE	BUSINESS TELEPHONE	ENUMBER
	PAID PREPARER'S SIGNATURE DATE		EPARER'S PTIN
Paid	Amiee Benson		421327
Preparer's	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		
Use			
Only	2161 Hillsdale Rd Ste A FIRM'S STREET ADDRESS		778-5600 TELEPHONE NUMBER
	Prescott AZ	86301	
	CITY STAT		
	had neurople to Animous Deventure of Devenue to t		
	check payable to: Arizona Department of Revenue. Incluent of Revenue, PO E		

Name (as shown on page 1)EINYavapai Big Brothers/Big Sisters Inc86-027877								76					
Part 4 Semi-Weekly/Next Day Deposit Schedule													
Α.	First Month of Quart	er (D	ays of	the Month)									
1		8				15		2	2			29	
2		9				16		2	3			30	
3		10				17		2	4			31	
4		11		752	80	18		2	2 <b>5</b> [		31	С	heck a box only if you
5		12				19		2	<b>6</b>			<b>L</b>	ad a navt hanking day
6		13				20		2	7 [			n	ad a next-banking day
7		14				21		2	8			d	eposit obligation.

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

B. Second Month of Quarter (Days of the Month)					
1	8 🗆	826 04 15 🗆	22 🗆 7	90 76	29
2	9 🗆	16 🗆	23 🗆		30 🗆
3 🗆	10 🗆	17 🗆	24		31
4	11 🗆	18 🗆	25 🗆		Check a box only if you
5 🗆	12 🗆	19 🗆	26		had a next-banking day
6 🗆	13 🗆	20	27 🗆		U J
7	14 🗆	21	28		deposit obligation.
Month 2 Liability: Enter total here and on Part 2, line B2				\$ 1616 80	

C. Third Month of Quarter (Days of the Month)				
1	8	15 🗆	22 🗆	29 🗆
2	9 🗆	16 🗆	23 🗆	30 🗆
3 🗆	10 🗆	17 🗆	24	31 🗆
4	11 🗆	18 🗆	25 🗆	Check a box only if you
5 🗆	12 🗆	19 🗆	26 🗆	had a next-banking day
6 🗆	764 53 13 🗆	20 🗆	795 37 27 🗆	
7	14	21	28 🗆	deposit obligation.
Month 3 Liability:	Enter total here and on Part 2	2, line B3		\$ 1559 90

#### 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 D Business sold.

3		Business stopp	ped 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:
_		
Check this box if there is a successor employer.		
Check this box if there is a successor employer.		EIN:

\$

1538 11



Yavapai Big Brothers/Big Sisters Inc Yavapai Big Brothers/Big Sisters, Inc 3208 Lakeside Village Drive

Prescott

PLEASE RETURN ORIGINAL

AZ 86301

### UNEMPLOYMENT TAX AND WAGE REPORT

#### A. NUMBER OF EMPLOYEES -

Report for each month the number of full- and parttime covered workers who worked during or received pay subject to UI Taxes for the payroll period which includes the 12th of the month.

OCTOBER	20
NOVEMBER	23
DECEMBER	24

**B. WAGES** – List all employees in Social Security Number order, or alphabetically by last name. For additional employees, use white paper in the same format, or form UC-020. Filing via the internet at <u>www.azuitax.com</u> is preferred for reporting up to 999 employees. Compact disc is preferred for reporting 1,000 or more employees—see the Arizona Magnetic Media Reporting publication (PAU-430) at the above website for instructions.

UC-018-FF (8-17) Report

ARIZONA ACCOUNT NUMBER:	2369710 9
CALENDAR QUARTER ENDING:	12/31/19
TO AVOID PENALTY MAIL BY:	01/31/20
FEDERAL ID NO.:	86-0278776
MAKE SURE FEDERAL ID NO. IS CORRECT!	

For Online Filing: www.azuitax.com

# **USE BLACK INK ONLY**

#### C. WAGE SUMMARY - See reverse for instructions

1. TOTAL WAGES PAID IN QUARTER From Section B. Wage Listing	166843.66
2. SUBTRACT EXCESS WAGES	159834.04
Cannot exceed Line 1 – see instructions	
3. TAXABLE WAGES PAID	7009.62
Up to \$7,000 per Employee – Line 1 minus Line 2	
4. TAX DUE	99.54
Line 3 X Tax Rate of 1.4200	
the decimal equivalent = $0.0142$	
5. ADD INTEREST DUE	
1% of Tax Due for each month payment is late	
6. ADD PENALTY FOR LATE REPORT	
0.10% of Line 1 (\$35 min / \$200 max)	
7. ADD SURCHARGE DUE	
Applicable percentage of Line 3 – see instructions	
8. TOTAL PAYMENT DUE	99.54
For amounts equaling \$9.99 or less – see instructions	
9. SUBTRACT ANY CREDIT BALANCE	
If balance is listed, subtract from Line 8	
10. AMOUNT PAID	99.54
Make check payable to DES Unemployment Tax	

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

1. Employee's Social Security Number	2. Employee	e's Name <i>(Last, First)</i>	3. Total Wages Paid in Quarter
327-46-0252	Beals, Stephen		5022.73
526-23-3677	Boehm, Karen		13843.30
540-92-9494	Bowlsby, Gigi		10344.30
275-42-1548	Case, Marshall		1214.48
048-30-5839	Chapman, Joyce		1384.45
526-04-9705	Cheek, Jane		1713.26
		TOTAL WAGES THIS PAGE	33522.52
Signature:		TOTAL WAGES ALL PAGES	166843.66
Title: Reporting Agent		Prepared by: Amiee Ber	nson
Date:		Telephone: 92877856	00

# **UI TAX WAGE LISTING CONTINUATION**

ARIZONA DEPARTMENT OF ECONOMIC SECURITY P.O. BOX 52027 • MD 5881 • PHOENIX, ARIZONA 85072-2027 TELEPHONE: (602) 771-6601

ARIZONA ACCOUNT NUMBER 2369710 9

CALENDAR QUARTER ENDING 12/31/19

Page \_\_\_\_\_ of \_\_\_\_\_

## LIST EMPLOYEES IN NUMERICAL ORDER BY SOCIAL SECURITY NUMBER OR ALPHABETICALLY BY LAST NAME.

1. EMPLOYEE SOCIAL SECURITY NUMBER	2. EMPLOYEE NAME (Last, First)	3. TOTAL WAGES PAID (This Quarter)
283-48-7556	Cordes, Tusanne	858.18
526-96-9624	Gray, Cheryl	5529.67
526-90-1500	Gray, David	1792.25
451-15-7278	Hamerly, Nancy	7271.65
263-53-8693	Henderson-Dahms, Carol	10056.96
315-72-2215	Hittle, Arlene	8162.51
365-13-2012	LaPointe, Raven	8505.69
217-86-8818	Layton, Robin	11531.46
373-21-5708	Long, Keira	2472.79
601-70-9012	Mabery, Erin	18368.53
527-33-1958	Main, Cheryl	12438.36
514-82-2693	Miles, Starla	244.23
603-38-3436	Pena, Jessica	8524.05
573-31-1810	Reeves, Terri	4394.90
527-33-8385	Ryder, Marian	8450.39
603-02-7025	Scholl, Alexa	7370.28
595-26-7961	Suarez, Giselle	9537.55
441-08-1699	Williams, Chandra	7811.69

TOTAL WAGES THIS PAGE

133321.14