

Form **941 for 2015: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2015) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) **4 8 - 6 0 2 5 8 1 6**

Name (not your trade name) **City of Highland**

Trade name (if any)

Address **PO Box 387**
Number Street Suite or room number

Highland **KS** **66035**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2015
(Check one.)

- ☒ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December
- Instructions and prior year forms are available at www.irs.gov/form941.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	15
2	Wages, tips, and other compensation	2	43678 . 32
3	Federal income tax withheld from wages, tips, and other compensation	3	5640 . 00
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.	

	Column 1		Column 2
5a	Taxable social security wages 46049 . 56	$\times .124 =$	5710 . 15
5b	Taxable social security tips .	$\times .124 =$.
5c	Taxable Medicare wages & tips 46049 . 56	$\times .029 =$	1335 . 44
5d	Taxable wages & tips subject to Additional Medicare Tax withholding .	$\times .009 =$.
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	7045 . 59
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	.
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	12685 . 59
7	Current quarter's adjustment for fractions of cents	7	. 07
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	12865 . 66
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter	11	12685 . 66
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	.
13	Overpayment. If line 11 is more than line 10, enter the difference .	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

1st quarter 2015

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

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

Cat. No. 17001Z

Form **941** (Rev. 1-2015)

Next ►

COPY

Name (not your trade name)

Employer identification number (EIN)

City of Highland

48-6025816

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 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. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
- ☐ 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 4197 . 42

Month 2 4197 . 40

Month 3 4290 . 84

Total liability for quarter 12685 . 66

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.

- 15 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages / / .

- 16 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 the instructions for details.

- ☐ Yes. Designee's name and phone number

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

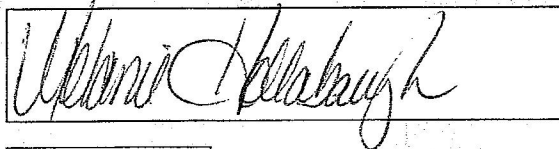
- ☐ No.

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.

X

Sign your name here



Print your name here

Melanie Hollabaugh

Print your title here

Asst. City Clerk

Date

04/02/2015

Best daytime phone

785-442-3765

Paid Preparer Use OnlyCheck 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

Form **941 for 2015: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2015) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

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Address **PO Box 387**
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(Check one.)

- ☐ 1: January, February, March
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Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	18
2	Wages, tips, and other compensation	2	51224 . 48
3	Federal income tax withheld from wages, tips, and other compensation	3	6648 . 00
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.	

	Column 1		Column 2
5a	Taxable social security wages 54072 . 72	$\times .124 =$	6705 . 02
5b	Taxable social security tips .	$\times .124 =$.
5c	Taxable Medicare wages & tips 54072 . 72	$\times .029 =$	1568 . 11
5d	Taxable wages & tips subject to Additional Medicare Tax withholding .	$\times .009 =$.
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	8273 . 13
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	.
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	14921 . 13
7	Current quarter's adjustment for fractions of cents	7	- . 01
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	14921 . 12
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter	11	14921 . 12
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	.
13	Overpayment. If line 11 is more than line 10, enter the difference .	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

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Cat. No. 17001Z

Form **941** (Rev. 1-2015)

Next ►

2nd date 2015

(not your trade name)

City of Highland

Employer identification number (EIN)

48-6025816

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 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. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
- ☐ 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 4197 ■ 36

Month 2 4197 ■ 42

Month 3 6526 ■ 34

Total liability for quarter 14921 ■ 12

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.

- 15 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages / /

- 16 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 the instructions for details.

- ☐ Yes. Designee's name and phone number

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

☐ ☐ ☐ ☐ ☐

- ☐ 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

Melanie Hollabaugh

Print your
title here

Asst. City Clerk

Date

/ /

Best daytime phone

785-442-3765

Paid Preparer 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

Form **941 for 2015: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2015) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) **4 8 - 6 0 2 5 8 1 6**

Name (not your trade name) **City of Highland**

Trade name (if any) _____

Address **PO Box 387**
Number Street Suite or room number

Highland **KS** **66035**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2015
(Check one.)

- ☐ 1: January, February, March
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Read the separate instructions before you complete Form 941. Type or print within the boxes.

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), or Dec. 12 (Quarter 4)	1	8
2	Wages, tips, and other compensation	2	44118 . 12
3	Federal income tax withheld from wages, tips, and other compensation	3	5860 . 00
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.	

	Column 1		Column 2
5a	Taxable social security wages . . . 46606 . 06	$\times .124 =$	5779 . 15
5b	Taxable social security tips	$\times .124 =$.
5c	Taxable Medicare wages & tips. . . 46606 . 06	$\times .029 =$	1351 . 58
5d	Taxable wages & tips subject to Additional Medicare Tax withholding .	$\times .009 =$.
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	7130 . 73
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	.
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	12990 . 73
7	Current quarter's adjustment for fractions of cents	7	- . 03
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	12990 . 70
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter	11	12990 . 70
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	.
13	Overpayment. If line 11 is more than line 10, enter the difference .	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

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Cat. No. 17001Z

Form **941** (Rev. 1-2015)

3rd quarter 2015

Name (not your trade name)

Employer identification number (EIN)

City of Highland

48-6025816

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 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. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
- ☐ 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 4197 ■ 36

Month 2 4255 ■ 64

Month 3 4537 ■ 70

Total liability for quarter 12990 ■ 70

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.

- 15 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages / / .

- 16 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?

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- ☐ Yes. Designee's name and phone number

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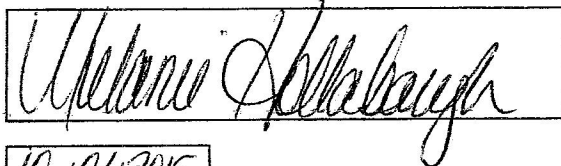
- ☐ No.

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.

X

Sign your name here



Print your name here

Melanie Hollabaugh

Print your title here

Asst. City Clerk

Date

10/10/2015

Best daytime phone

785-442-3765

Paid Preparer Use OnlyCheck 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

941 for 2015: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950114

OMB No. 1545-0029

Employer identification number (EIN)	4	8	-	6	0	2	5	8	1	6
Name (not your trade name)	City of Highland									
Trade name (if any)										
Address	PO Box 387									
	Number		Street				Suite or room number			
	Highland				KS		66035			
	City				State		ZIP code			
	Foreign country name				Foreign province/county		Foreign postal code			

Report for this Quarter of 2015
(Check one.)

- ☐ 1: January, February, March
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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), or Dec. 12 (Quarter 4)	1	15																				
2	Wages, tips, and other compensation	2	51780 . 83																				
3	Federal income tax withheld from wages, tips, and other compensation	3	6691 . 00																				
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.																					
<table border="0"><thead><tr><th></th><th>Column 1</th><th></th><th>Column 2</th></tr></thead><tbody><tr><td>5a</td><td>Taxable social security wages</td><td>54641 . 60</td><td>$\times .124 =$ 6675 . 56</td></tr><tr><td>5b</td><td>Taxable social security tips</td><td></td><td>$\times .124 =$</td></tr><tr><td>5c</td><td>Taxable Medicare wages & tips</td><td>54641 . 60</td><td>$\times .029 =$ 1584 . 61</td></tr><tr><td>5d</td><td>Taxable wages & tips subject to Additional Medicare Tax withholding</td><td></td><td>$\times .009 =$</td></tr></tbody></table>					Column 1		Column 2	5a	Taxable social security wages	54641 . 60	$\times .124 =$ 6675 . 56	5b	Taxable social security tips		$\times .124 =$	5c	Taxable Medicare wages & tips	54641 . 60	$\times .029 =$ 1584 . 61	5d	Taxable wages & tips subject to Additional Medicare Tax withholding		$\times .009 =$
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Check one: ☐ Apply to next return. ☐ Send a refund.

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Cat. No. 17001Z

Form 941 (Rev. 1-2015)

Next ▶

COPY

Name (not your trade name)

950214

City of Highland

Employer identification number (EIN)

48-6025816

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- ☐ 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 4282. 44

Month 2 4188. 36

Month 3 6580. 32

Total liability for quarter 15051. 12

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.

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☐ ☐ ☐ ☐ ☐

- ☐ No.

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X Sign your name here

Melanie Hollabaugh

Print your name here

Melanie Hollabaugh

Print your title here

Asst. City Clerk

Date 01/04/2016

Best daytime phone 785-442-3765

Paid Preparer 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