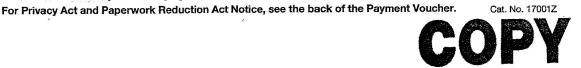
950114 Form **941 for 2015**: Employer's QUARTERLY Federal Tax Return OMB No. 1545-0029 Department of the Treasury - Internal Revenue Service Report for this Quarter of 2015 Employer identification number (EIN) (Check one.) X 1: January, February, March Name (not your trade name) | City of Highland 2: April, May, June Trade name (if any) 3: July, August, September PO Box 387 4: October, November, December Address Suite or room number Street Number Instructions and prior year forms are available at www.irs.gov/form941. Highland KS 66035 ZIP code City Foreign province/county Foreign postal code Foreign country name Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 1: Number of employees who received wages, tips, or other compensation for the pay period 15 including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 43678 -32 Wages, tips, and other compensation 2 5640 . 00 Federal income tax withheld from wages, tips, and other compensation . If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6. Column 1 Column 2 46049 . 56 5710 • $\times .124 =$ Taxable social security wages . 5a $\times .124 =$ Taxable social security tips . 5b 46049 ... 1335 . 56 $\times .029 =$ Taxable Medicare wages & tips. 5c Taxable wages & tips subject to $\times .009 =$ Additional Medicare Tax withholding 7045 59 Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 5e Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f 5f 12685 -59 Total taxes before adjustments. Add lines 3, 5e, and 5f . 6 07 Current quarter's adjustment for fractions of cents 7 Current quarter's adjustment for sick pay .. Current quarter's adjustments for tips and group-term life insurance 9 66 Total taxes after adjustments. Combine lines 6 through 9 10 12865 10 Total deposits for this quarter, including overpayment applied from a prior quarter and 11 overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed 66 12685 in the current quarter Balance due. If line 10 is more than line 11, enter the difference and see instructions 12 Check one: Apply to next return. Overpayment. If line 11 is more than line 10, enter the difference Send a refund. 13 ➤ You MUST complete both pages of Form 941 and SIGN it.



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

950214

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	
If you are unsure about whether you are a monthly schedule depositor	or a semiweekly schedule depositor, see Pub. 15
(Circular E), section 11.	그 서마일 다음을 맞하는 그 생각을 그 모양
\$100,000 next-day deposit obligation during the current quarties \$100,000 or more, you must provide a record of your feder	return for the prior quarter was less than \$2,500, and you did not incur at er. If line 10 for the prior quarter was less than \$2,500 but line 10 on this returnal tax liability. If you are a monthly schedule depositor, complete the deposit
schedule below; if you are a semiweekly schedule depositor, atta	entire quarter. Enter your tax liability for each month and total
liability for the quarter, then go to Part 3.	
Tax liability: Month 1 419	7 42
Month 2 4197	<u>' • 40</u>
Month 3 4290	<u>. 84</u>
Total liability for quarter 1268	- 66 Total must equal line 10.
	ny part of this quarter. Complete Schedule B (Form 941),
Report of Tax Liability for Semiweekly Schedule Dep	ositors, and attach it to Form 941.
Part 3: Tell us about your business. If a question does NOT apply to	your husiness leave it blank
15 If your business has closed or you stopped paying wages	L 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 pers	on to discuss this return with the IRS? See the instructions
Yes. Designee's name and phone number	14.1
Select a 5-digit Personal Identification Number (PIN) to use w	nen talking to the IRS.
☐ No.	
Part 5: Sign here. You MUST complete both pages of Form 941 and	
Under penalties of perjury, I declare that I have examined this return, including accompand belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer	anying schedules and statements, and to the best of my knowledge is based on all information of which preparer has any knowledge.
	Print your name here Melanie Hollabaugh
Sign your name here	Print vour
Welling Colleged	title here Asst. City Clerk
- [0//,62,20/-]	Best daytime phone 785-442-3765
Date 04/02/2015	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	<u> </u>
if self-employed)	EIN
Address	Phone
	710 00-10-1
City State	ZIP code
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Form (Rev.	94 Janual	11 for 2015: Employer's QUARTERLY Federal Tax I Department of the Treasury — Internal Revenue Service	Retu	rn	9501. 4 OMB No. 1545-0029
		ot your trade name) City of Highland		(Check on	for this Quarter of 2015 e.) Jary, February, March
					I, May, June
Tra	de na	me (if any)			, August, September
Add	ress	PO Box 387 Number Street Suite or room number		_	ber, November, December
		Highland City Street Suite or room number KS 66035 State ZIP code	a	vailable a	s and prior year forms are t www.irs.gov/form941.
		Foreign country name Foreign province/county Foreign postal code			
Read	the s	eparate instructions before you complete Form 941. Type or print within the boxes.			
Part		Answer these questions for this quarter.			
1		mber of employees who received wages, tips, or other compensation for the pay pluding: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 2)		1	18
2	Wa	ges, tips, and other compensation		2	51224 • 48
3	Fed	deral income tax withheld from wages, tips, and other compensation		3	6648 . 00
4		o wages, tips, and other compensation are subject to social security or Medicare			***
•				LJC	check and go to line 6.
5a	Tax		05 .	02	A
5b		rable social security tips			SOL.
5c	Tax		68 .	11	
5d		able wages & tips subject to litional Medicare Tax withholding × .009 =			COPA
5e	Add	Column 2 from lines 5a, 5b, 5c, and 5d	· ·	5e	8273 . 13
5f	Sec	tion 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	٠.,	5f	-
6	Tota	al taxes before adjustments. Add lines 3, 5e, and 5f		6	14921 • 13
7	Curi	rent quarter's adjustment for fractions of cents		7	- • 01
8	Cun	rent quarter's adjustment for sick pay		8	•
9	Curr	ent quarter's adjustments for tips and group-term life insurance		9	
0	Tota	it taxes after adjustments. Combine lines 6 through 9		10	14921 🔹 12
	over	l deposits for this quarter, including overpayment applied from a prior quarter payments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) e current quarter	filed	11	14921 • 12
2	Bala	nce due. If line 10 is more than line 11, enter the difference and see instructions .		12	
3	Over	payment. If line 11 is more than line 10, enter the difference	eck one	э: Парр	y to next return. Send a refund.

➤ 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

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

2ndate 2015

950214

ุกôt your trade name)	Employer identification number (EIN)
ıty of Highland	48-6025816
Part 2: Tell us about your deposit schedule and tax liability for this of	quarter.
If you are unsure about whether you are a monthly schedule depositor (Circular E), section 11.	or a semiweekly schedule depositor, see Pub. 15
dd. Chaele away . I line 10 on this return is large than \$0.500 as line 10 as the	to the size of the
\$100,000 next-day deposit obligation during the current quarte	eturn for the prior quarter was less than \$2,500, and you did not incur a er. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return I tax liability. If you are a monthly schedule depositor, complete the deposit h Schedule B (Form 941). Go to Part 3.
You were a monthly schedule depositor for the e liability for the quarter, then go to Part 3.	ntire quarter. Enter your tax liability for each month and tota
Tax liability: Month 1 4197	36
Month 2 4197	4 2
Month 3 6526	34
Total liability for quarter 14921	■ 12 Total must equal line 10.
	ny part of this quarter. Complete Schedule B (Form 941),
Report of Tax Liability for Semiweekly Schedule Depo	ositors, 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	
enter the final date you paid wages / /	
16 If you are a seasonal employer and you do not have to file a return for	or every quarter of the year
Part 4: May we speak with your third-party designee?	
Do you want to allow an employee, a paid tax preparer, or another person	on 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 whe	on talking to the IRS.
∐ No.	
Part 5: Sign here. You MUST complete both pages of Form 941 and	
Under penalties of perjury, I declare that I have examined this return, including accompar and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer)	
	Print your name here Melanie Hollabaugh
Sign your name here	name here Melanie Hollabaugh Print your
name nere	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 [EIN
Address	Phone
City	ZIP code
State	ZIF COUR

Form 941 for 2015: Employer's QUARTERLY Federal Tax Return 950114 Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 Report for this Quarter of 2015 Employer identification number (EIN) (Check one.) Name (not your trade name) | City of Highland ___ 1: January, February, March 2: April, May, June Trade name (if any) X 3: July, August, September Address PO Box 387 4: October, November, December Number Street Suite or room number Instructions and prior year forms are available at www.irs.gov/form941. Highland KS 66035 City State ZIP code Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Part 1: Answer these questions for this quarter. Number of employees who received wages, tips, or other compensation for the pay period 8 including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 12 2 Wages, tips, and other compensation 44118 . 00 3 Federal income tax withheld from wages, tips, and other compensation . 5860 . Check and go to line 6. If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 46606 ... 06 5779 ... 15 5a Taxable social security wages . $\times .124 =$ 5b Taxable social security tips . $\times .124 =$ Taxable Medicare wages & tips. . 5c 46606 06 1351 . \times .029 = Taxable wages & tips subject to 5d $\times .009 =$ Additional Medicare Tax withholding 5e Add Column 2 from lines 5a, 5b, 5c, and 5d 7130 • 73 5f Section 3121(g) Notice and Demand - Tax due on unreported tips (see instructions) 12990 . 73 6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . 03 7 Current quarter's adjustment for fractions of cents . ~ = 8 Current quarter's adjustment for sick pay ... 9 Current quarter's adjustments for tips and group-term life insurance 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

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

Overpayment. If line 11 is more than line 10, enter the difference

in the current quarter

12

13

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

Balance due. If line 10 is more than line 11, enter the difference and see instructions

Cat. No. 17001Z

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Next ■▶

12990 .

70



Check one: Apply to next return. Send a refund.

950214

Name (not your trade name)	3	Employer identification number (EIN)				
City of Highland	e e	48-6025816				
Part 2: Tell us about your deposit sch	edule and tax liability for this quarter.					
If you are unsure about whether you are (Circular E), section 11.	a monthly schedule depositor or a ser	niweekly schedule depositor, see Pub. 15				
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 \$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.						
	nly schedule depositor for the entire quater, then go to Part 3.	arter. Enter your tax liability for each month and tota				
Tax liability: Mor	ath 1 4197 . 36	,				
Mor	oth 2 4255 <u>64</u>					
Mor	oth 3 4537 • 70					
Total liability for qua	rter 12990 . 70	Total must equal line 10.				
You were a semiw Report of Tax Liabi	reekly schedule depositor for any part of ity for Semiweekly Schedule Depositors, a	of this quarter. Complete Schedule B (Form 941), and attach it to Form 941.				
Part 3: Tell us about your business. If	a question does NOT apply to your bu	usiness, leave it blank.				
15 If your business has closed or you s	topped paving wages	Check here, and				
enter the final date you paid wages	/ /					
16 If you are a seasonal employer and y	ou 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?					
	aid tax preparer, or another person to disc	cuss this return with the IRS? See the instructions				
for details.						
LJ Yes. Designee's name and phone	number					
Select a 5-digit Personal Ider No.	tification Number (PIN) to use when talking	g to the IRS.				
	both pages of Form 941 and SIGN it.					
Under penalties of perjury, I declare that I have example and belief, it is true, correct, and complete. Declar	amined this return, including accompanying sch ation of preparer (other than taxpayer) is based	edules and statements, and to the best of my knowledge on all information of which preparer has any knowledge.				
	11	Print your name here Melanie Hollabaugh				
Sign your name here	111 Malaland	Print your title here Asst. City Clerk				
Coparin	2 Premange					
Date 10/120	<u>s</u>	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				
Page 2		Form 941 (Rev. 1-2015)				
cade &		, on a 11 h or 1 50 to 1				

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oım Rev. J	941 for 2015: Employer's QUARTERLY Federal Tax Retaining 2015) Employer's QUARTERLY Federal Tax Retaining 2015)	turn	75011 OMB No. 1545-002
Emp	loyer identification number (EIN) 4 8 - 6 0 2 5 8 1 6		port for this Quarter of 2015
Nan	ne (not your trade name) City of Highland		: January, February, March
Trac	de name (if any)		ta April, May, June
· · · ·		□ 3	: July, August, September
Addı		X 4	: October, November, December
	Guite of Footi Hamber		actions and prior year forms are
	Highland KS 66035 City State ZIP code	avanc	able at www.irs.gov/form941.
	Foreign country name Foreign province/county Foreign postal code		
ead :	the separate instructions before you complete Form 941. Type or print within the boxes.		
art.			
1	Number of employees who received wages, tips, or other compensation for the pay periodiculating: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)		15
		,	
2	Wages, tips, and other compensation	. 2	51780 83
3	Federal income tax withheld from wages, tips, and other compensation	. з	6691 00
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		☐ Check and go to line 6.
	Column 1 Column 2		
5a	Taxable social security wages $54641 \pm 60 \times .124 = 6675$	5 6	I was ter
5b	Taxable social security tips	8	4 quarter
5c	Taxable Medicare wages & tips 54641 60 x .029 = 1584	61	14. 90.
5d	Taxable wages & tips subject to Additional Medicare Tax withholding x .009 =	1	
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	. 5e	8360 _s 17
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	. 5f	a
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	. 6	15051 17
7	Current quarter's adjustment for fractions of cents	. 7	-0 _m 05
8	Current quarter's adjustment for sick pay	8	4
9	Current quarter's adjustments for tips and group-term life insurance	9	
0	Total taxes after adjustments. Combine lines 6 through 9	10	15051 . 12
	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		15051 . 12
2	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	a
3	Overpayment. If line 11 is more than line 10, enter the difference Check	one: [Apply to next return. Send a refund.
	ou MUST complete both pages of Form 941 and SIGN it. vacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Ca	t. No. 17	Next -> 7001Z Form 941 (Rev. 1-2015)



Name (not your trade name)	950214
City of Highland	Employer identification number (EIN)
Part 2: Tell us about your deposit schedule and tax liability for this quart	48-6025816
If you are unsure about whether you are a monthly schedule denositor or a	semiweekly schedule denocites are D. L. 45
(Circular E), section 11.	John Solieddie depositor, see Pub. 15
14 Check one: Line 10 on this return is less than \$2,500 or line 10 on the return for \$100,000 next-day deposit obligation during the current quarter. If line is \$100,000 or more, you must provide a record of your federal tax lia schedule below; if you are a semiweekly schedule depositor, attach Schedule below; if you are a semiweekly schedule depositor, attach Schedule below; if you are a semiweekly schedule depositor, attach Schedule below; if you are a semiweekly schedule depositor, attach Schedule below; if you are a semiweekly schedule depositor, attach Schedule below; if you are a semiweekly schedule depositor, attach Schedule below; if you are a semiweekly schedule depositor, attach Schedule depositor.	e to for the prior quarter was less than \$2,500 but line 10 on this return
You were a monthly schedule depositor for the entire liability for the quarter, then go to Part 3.	quarter. Enter your tax liability for each month and total
Tax liability: Month 1 4282 4	4
Month 2 4188 , 3	6
Month 3 6580 a 3	
Total liability for quarter 15051 a 1	Total must equal line 10.
You were a semiweekly schedule depositor for any par Report of Tax Liability for Semiweekly Schedule Depositors	t of this quarter. Complete Schedule B (Form 941), , 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	ry quarter of the year Check here.
Part 4: May we speak with your third-party designee?	Land 1
Do you want to allow an employee, a paid tax preparer, or another person to di for details.	scuss this return with the IRS? See the instructions
Yes. Designee's name and phone number	
Select a 5-digit Personal Identification Number (PIN) to use when talking	ng to the IRS.
□ No.	
Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN i	
Under penalties of perjury, I declare that I have examined this return, including accompanying so and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based	hedules and statements, and to the best of my knowledge
believe that taxpayer) is based	on all information of which preparer has any knowledge. Print your
Sign your ////	name here Melanie Hollabaugh
name here Millill Allabaugh	Print your title here Asst. City Clerk
Date 01 1041 3016	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 [EIN
Address	Phone
City	ZiP code