Arizona Form
A1-QRT

Arizona Quarterly Withholding Tax Return

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

Part 1 **Taxpayer Information**

Name	Employer Identification Number (EIN)
Yavapai Big Brothers/Big Sisters Inc	86-0278776
Number and street or PO Box	QUARTER AND YEAR
3208 Lakeside Village Drive	1 2019
City or town, state and ZIP Code	↑ Enter Quarter (1, 2, 3 or 4) and four digits of year. See instructions.
Prescott AZ 86301	
Business telephone number (with area code)	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 89 X
(928)778-5135	

Check box if:

A ☐ Amended Return **B** ☐ Address Change **C** ☐ Final Return (CANCEL ACCOUNT)

If this is your final return, the department will cancel your withholding account. Enter the date final wages were paid and complete Part 6 .....

D ☐ Check this box if this form is being filed by the surviving employer and the periods covered by this return are for less than three (3) months. Also enter the following:

Predecessor Employer Name .....

Predecessor Employer EIN .....

81 PM	66 RCVD

E Total Arizona payroll for this quarter	$ 213355	99
F Total number of employees paid Arizona wages for this quarter	30	

Part 2 **Tax Liability Schedule** Include all withholding amounts from all sources (i.e. wages & salary, pensions & annuities, gambling winnings, etc.). See instructions.

A. Quarterly Deposit Schedule: Complete if prior 4 quarter average was not more than $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 ***OR*** Section B below; **DO NOT COMPLETE BOTH.**

B. Monthly or Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarter average was greater than $1,500.

Semi-weekly depositors and taxpayers with a next-day tax deposit obligation during the quarter, **CHECK THIS BOX** and complete Part 4. ☒

For lines B1 through B3, enter the total amount withheld for each month in the quarter.

B1 Month 1 Liability	**B1**	1570	37
B2 Month 2 Liability	**B2**	1754	93
B3 Month 3 Liability	**B3**	2260	67
B4 Total. Enter this amount on Part 3, line 1	**B4**	5585	97

Part 3 **Tax Computation** (See instructions.)

1 Liability: Enter the amount from line A1 or line B4	**1**	5585	97
2 Payments made during this quarter.	**2**	5585	97
3 **Total Amount Due:** Subtract line 2 from line 1. Enter the difference. Use a minus sign to indicate a negative amount.	**3**	0	00

Declaration Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here

TAXPAYER'S SIGNATURE | DATE | (928) 778-5600 BUSINESS TELEPHONE NUMBER

Paid Preparer's Use Only

PAID PREPARER'S SIGNATURE | DATE | P01760964 PAID PREPARER'S PTIN

Amiee Benson — FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

46-4421327 — FIRM'S EIN

3122 N State Route 89 — FIRM'S STREET ADDRESS

(928)778-5600 — FIRM'S TELEPHONE NUMBER

Prescott | AZ | 86301 — CITY | STATE | ZIP CODE

▶ **Make check payable to:** **Arizona Department of Revenue. Include EIN on payment.**

▶ **Mail return and payment to:** **Arizona Department of Revenue, PO Box 29009, Phoenix, AZ 85038-9009**

Name (as shown on page 1)	EIN
Yavapai Big Brothers/Big Sisters Inc	86-0278776

Part 4 Semi-Weekly/Next Day Deposit Schedule

A. First Month of Quarter (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	☐			Check a box only if you had a next-banking day deposit obligation.							
5	☐			12	☐			19	☐			26	☐										
6	☐			13	☐			20	☐			27	☐										
7	☐			14	☐			21	☐	26	68	28	☐										

Month 1 Liability: Enter total here and on Part 2, line B1 ..... $ 1570 37

B. Second Month of Quarter (Days of the Month)

1	☐	758	54	8	☐			15	☐	793	89	22	☐			29	☐						
2	☐			9	☐			16	☐			23	☐			30	☐						
3	☐			10	☐			17	☐			24	☐			31	☐						
4	☐			11	☐			18	☐			25	☐			Check a box only if you had a next-banking day deposit obligation.							
5	☐			12	☐			19	☐			26	☐										
6	☐			13	☐			20	☐			27	☐										
7	☐			14	☐			21	☐			28	☐	202	50								

Month 2 Liability: Enter total here and on Part 2, line B2 ..... $ 1754 93

C. Third Month of Quarter (Days of the Month)

1	☐	734	49	8	☐			15	☐	742	40	22	☐			29	☐	783	78				
2	☐			9	☐			16	☐			23	☐			30	☐						
3	☐			10	☐			17	☐			24	☐			31	☐						
4	☐			11	☐			18	☐			25	☐			Check a box only if you had a next-banking day deposit obligation.							
5	☐			12	☐			19	☐			26	☐										
6	☐			13	☐			20	☐			27	☐										
7	☐			14	☐			21	☐			28	☐										

Month 3 Liability: Enter total here and on Part 2, line B3 ..... $ 2260 67

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: _____

8 ☐ Check this box if there is a successor employer.
Name: _____ EIN: _____
Number and Street: _____
City: _____ State: _____ ZIP Code: _____

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
PO BOX 52027 – MD 5881
PHOENIX, AZ 85072-2027
Telephone (602) 771-6601

UC-018-FF (8-17) Report

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**

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

Prescott AZ 86301

USE BLACK INK ONLY

PLEASE RETURN ORIGINAL

UNEMPLOYMENT TAX AND WAGE REPORT

A. NUMBER OF EMPLOYEES –

Report for each month the number of full- and part-time 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 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.

C. **WAGE SUMMARY** – See reverse for instructions

1. **TOTAL WAGES PAID IN QUARTER** From Section B. Wage Listing	214069.51
2. **SUBTRACT EXCESS WAGES** Cannot exceed Line 1 – see instructions	66906.59
3. **TAXABLE WAGES PAID** Up to $7,000 per Employee – Line 1 minus Line 2	147162.92
4. **TAX DUE** Line 3 X Tax Rate of 1.4200 the decimal equivalent = 0.0142	2089.71
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** For amounts equaling $9.99 or less – see instructions	2089.71
9. **SUBTRACT ANY CREDIT BALANCE** If balance is listed, subtract from Line 8	
10. **AMOUNT PAID** Make check payable to DES Unemployment Tax	2089.71

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

1. Employee's Social Security Number	2. Employee's Name *(Last, First)*	3. Total Wages Paid in Quarter
600-88-8310	Andriotto, Marquel	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
	TOTAL WAGES ALL PAGES	214069.51

Signature:

Title: Reporting Agent

Date:

Prepared by: Amiee Benson

Telephone: 9287785600

REV 03/26/19 QBDT

PHOTO COPY FOR YOUR RECORDS

UC-020-FF (8-17)

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 03/31/19

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

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2019) Department of the Treasury — Internal Revenue Service

950117
OMB No. 1545-0029

Employer identification number (EIN) 86-0278776

Name *(not your trade name)* Yavapai Big Brothers/Big Sisters I

Trade name *(if any)* Yavapai Big Brothers/Big Sisters, Inc

Address 3208 Lakeside Village Drive
Number Street Suite or room number

Prescott | AZ | 86301
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2019
(Check one.)

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

Go to *www.irs.gov/Form941* for instructions and the latest information.

REV 03/26/19 QBDT

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	25
2	**Wages, tips, and other compensation**	2	213,402.36
3	**Federal income tax withheld from wages, tips, and other compensation**	3	16,209.00
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**	214,271.61	× 0.124 =	26,569.68
5b	**Taxable social security tips**		× 0.124 =	
5c	**Taxable Medicare wages & tips**	214,271.61	× 0.029 =	6,213.88
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

5e	**Add Column 2 from lines 5a, 5b, 5c, and 5d**	5e	32,783.56
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	48,992.56
7	**Current quarter's adjustment for fractions of cents**	7	-0.06
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	48,992.50
11	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974	11	
12	**Total taxes after adjustments and credits.** Subtract line 11 from line 10	12	48,992.50
13	**Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter**	13	48,992.50
14	**Balance due.** If line 12 is more than line 13, enter the difference and see instructions	14	
15	**Overpayment.** If line 13 is more than line 12, enter the difference	Check one:	[ ] Apply to next return. [ ] Send a refund.

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

Next ■►

Name *(not your trade name)*	Employer identification number (EIN)
Yavapai Big Brothers/Big Sisters Inc	86-0278776

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 section 11 of Pub. 15.

16 Check one:

☐ **Line 12 on this return is less than $2,500 or line 12 on the return for the prior quarter was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than $2,500 but line 12 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**	
	Month 2	
	Month 3	
Total liability for quarter		**Total must equal line 12.**

☒ **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.

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, 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 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: Amiee Benson (928)778-5600

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 32112

☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

REV 03/26/19 QBDT

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** EF ONLY-You do not need to sign this form

Print your name here: Amiee Benson

Print your title here:

Date

Best daytime phone: (928)778-5600

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name	Amiee Benson	PTIN	P01760964
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Edge Tax & Accounting, LLC	EIN	46-4421327
Address	3122 N State Route 89	Phone	(928)778-5600
City	Prescott	State AZ	ZIP code 86301

960311

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

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

OMB No. 1545-0029

Employer identification number (EIN) 86-0278776

Name *(not your trade name)* Yavapai Big Brothers/Big Sisters

Calendar year 2019 (Also check quarter)

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

- [X] **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	619.94	25	
2		10		18	6,276.68	26	
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			

Tax liability for Month 1 13,965.80

Month 2

1	6,478.22	9		17		25	
2		10		18		26	
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			

Tax liability for Month 2 15,950.88

Month 3

1	6,387.10	9		17		25	
2		10		18		26	
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			

Tax liability for Month 3 19,075.82

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter 48,992.50

REV 03/26/19 QBDT

Arizona Form **A1-QRT**

Arizona Quarterly Withholding Tax Return

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

Part 1 Taxpayer Information

Name Yavapai Big Brothers/Big Sisters Inc	Employer Identification Number (EIN) 86-0278776
Number and street or PO Box 3208 Lakeside Village Drive	QUARTER AND YEAR 2 2019
City or town, state and ZIP Code Prescott AZ 86301	↑ Enter Quarter (1, 2, 3 or 4) and four digits of year. See instructions.
Business telephone number (with area code) (928)778-5135	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 89 X

Check box if:

A ☐ Amended Return **B** ☐ Address Change **C** ☐ Final Return (CANCEL ACCOUNT)

If this is your final return, the department will cancel your withholding account. Enter the date final wages were paid and complete Part 6 .....

D ☐ Check this box if this form is being filed by the surviving employer and the periods covered by this return are for less than three (3) months. Also enter the following:

Predecessor Employer Name .....

Predecessor Employer EIN .....

81 PM | 66 RCVD

E Total Arizona payroll for this quarter	$	164252 01
F Total number of employees paid Arizona wages for this quarter		29

Part 2 Tax Liability Schedule

Include all withholding amounts from all sources (i.e. wages & salary, pensions & annuities, gambling winnings, etc.). See instructions.

A. Quarterly Deposit Schedule: Complete if prior 4 quarter average was not more than $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 ***OR*** Section B below; **DO NOT COMPLETE BOTH.**

B. Monthly or Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarter average was greater than $1,500.

Semi-weekly depositors and taxpayers with a next-day tax deposit obligation during the quarter, **CHECK THIS BOX** and complete Part 4. ☒

For lines B1 through B3, enter the total amount withheld for each month in the quarter.

B1 Month 1 Liability	**B1**	1621 66
B2 Month 2 Liability	**B2**	1440 37
B3 Month 3 Liability	**B3**	1340 38
B4 Total. Enter this amount on Part 3, line 1	**B4**	4402 41

Part 3 Tax Computation (See instructions.)

1	Liability: Enter the amount from line A1 or line B4	**1**	4402 41
2	Payments made during this quarter.	**2**	4402 41
3	**Total Amount Due:** Subtract line 2 from line 1. Enter the difference. Use a minus sign to indicate a negative amount.	**3**	0 00

Declaration Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here

TAXPAYER'S SIGNATURE | DATE | (928) 778-5600 BUSINESS TELEPHONE NUMBER

Paid Preparer's Use Only

PAID PREPARER'S SIGNATURE | DATE | P01760964 PAID PREPARER'S PTIN

Amiee Benson — FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

46-4421327 — FIRM'S EIN

3122 N State Route 89 — FIRM'S STREET ADDRESS

(928)778-5600 — FIRM'S TELEPHONE NUMBER

Prescott — CITY | AZ — STATE | 86301 — ZIP CODE

▶ **Make check payable to:** **Arizona Department of Revenue. Include EIN on payment.**

▶ **Mail return and payment to:** **Arizona Department of Revenue, PO Box 29009, Phoenix, AZ 85038-9009**

Name (as shown on page 1)	EIN
Yavapai Big Brothers/Big Sisters Inc	86-0278776

Part 4 Semi-Weekly/Next Day Deposit Schedule

A. First 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	☐													
5	☐		12	☐	842 35	19	☐		26	☐	779 31												
6	☐		13	☐		20	☐		27	☐													
7	☐		14	☐		21	☐		28	☐													

Check a box only if you had a next-banking day deposit obligation.

Month 1 Liability: Enter total here and on Part 2, line B1 ..... $ 1621 66

B. Second Month of Quarter (Days of the Month)

1	☐		8	☐		15	☐		22	☐		29	☐										
2	☐		9	☐		16	☐		23	☐		30	☐										
3	☐		10	☐	756 41	17	☐		24	☐	683 96	31	☐										
4	☐		11	☐		18	☐		25	☐													
5	☐		12	☐		19	☐		26	☐													
6	☐		13	☐		20	☐		27	☐													
7	☐		14	☐		21	☐		28	☐													

Check a box only if you had a next-banking day deposit obligation.

Month 2 Liability: Enter total here and on Part 2, line B2 ..... $ 1440 37

C. Third Month of Quarter (Days of the Month)

1	☐		8	☐		15	☐		22	☐		29	☐										
2	☐		9	☐		16	☐		23	☐		30	☐										
3	☐	19 48	10	☐		17	☐		24	☐		31	☐										
4	☐		11	☐		18	☐		25	☐													
5	☐		12	☐		19	☐		26	☐													
6	☐		13	☐		20	☐		27	☐													
7	☐	607 12	14	☐		21	☐	713 78	28	☐													

Check a box only if you had a next-banking day deposit obligation.

Month 3 Liability: Enter 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: _____

8 ☐ Check this box if there is a successor employer.
Name: _____ EIN: _____
Number and Street: _____
City: _____ State: _____ ZIP Code: _____

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
PO BOX 52027 – MD 5881
PHOENIX, AZ 85072-2027
Telephone (602) 771-6601

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**

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

Prescott AZ 86301

USE BLACK INK ONLY

PLEASE RETURN ORIGINAL

UNEMPLOYMENT TAX AND WAGE REPORT

A. NUMBER OF EMPLOYEES –

Report for each month the number of full- and part-time 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 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.

C. **WAGE SUMMARY** – See reverse for instructions

1.	**TOTAL WAGES PAID IN QUARTER** From Section B. Wage Listing	165528.57
2.	**SUBTRACT EXCESS WAGES** Cannot exceed Line 1 – see instructions	139255.00
3.	**TAXABLE WAGES PAID** Up to $7,000 per Employee – Line 1 minus Line 2	26273.57
4.	**TAX DUE** Line 3 X Tax Rate of 1.4200 the decimal equivalent = 0.0142	373.08
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** For amounts equaling $9.99 or less – see instructions	373.08
9.	**SUBTRACT ANY CREDIT BALANCE** If balance is listed, subtract from Line 8	
10.	**AMOUNT PAID** Make check payable to DES Unemployment Tax	373.08

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

1. Employee's Social Security Number	2. Employee's Name *(Last, First)*	3. Total Wages Paid in Quarter
600-88-8310	Andriotto, Marquel	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
	TOTAL WAGES ALL PAGES	165528.57

Signature:

Title: Reporting Agent

Date:

Prepared by: Amiee Benson

Telephone: 9287785600

REV 06/12/19 QBDT

PHOTO COPY FOR YOUR RECORDS

UC-020-FF (8-17)

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

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

REV 06/12/19 QBDT

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2019) Department of the Treasury — Internal Revenue Service

950117
OMB No. 1545-0029

Employer identification number (EIN) 86-0278776

Name *(not your trade name)* Yavapai Big Brothers/Big Sisters I

Trade name *(if any)* Yavapai Big Brothers/Big Sisters, Inc

Address 3208 Lakeside Village Drive
Number Street Suite or room number

Prescott | AZ | 86301
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2019
(Check one.)

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

Go to *www.irs.gov/Form941* for instructions and the latest information.

REV 06/12/19 QBDT

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	21
2	**Wages, tips, and other compensation**	2	164,395.36
3	**Federal income tax withheld from wages, tips, and other compensation**	3	11,663.42
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**	165,671.92	× 0.124 =	20,543.32
5b	**Taxable social security tips**		× 0.124 =	
5c	**Taxable Medicare wages & tips**	165,671.92	× 0.029 =	4,804.49
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

5e	**Add Column 2 from lines 5a, 5b, 5c, and 5d**	5e	25,347.81
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	37,011.23
7	**Current quarter's adjustment for fractions of cents**	7	0.07
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	37,011.30
11	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974	11	
12	**Total taxes after adjustments and credits.** Subtract line 11 from line 10	12	37,011.30
13	**Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter**	13	37,011.30
14	**Balance due.** If line 12 is more than line 13, enter the difference and see instructions	14	
15	**Overpayment.** If line 13 is more than line 12, enter the difference	Check one: ☐ Apply to next return. ☐ Send a refund.	

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

Next ■▶

Name *(not your trade name)*	Employer identification number (EIN)
Yavapai Big Brothers/Big Sisters Inc	86-0278776

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 section 11 of Pub. 15.

16 **Check one:**

☐ **Line 12 on this return is less than $2,500 or line 12 on the return for the prior quarter was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than $2,500 but line 12 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**	
	Month 2	
	Month 3	
Total liability for quarter		**Total must equal line 12.**

☒ **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.

17 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, 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 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: Amiee Benson (928)778-5600

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 32112

☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it. REV 06/12/19 QBDT

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** EF ONLY-You do not need to sign this form

Print your name here: Amiee Benson

Print your title here:

Date

Best daytime phone: (928)778-5600

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name	Amiee Benson	PTIN	P01760964
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Edge Tax & Accounting, LLC	EIN	46-4421327
Address	3122 N State Route 89	Phone	(928)778-5600
City	Prescott	State AZ	ZIP code 86301

960311

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

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

OMB No. 1545-0029

Employer identification number (EIN) 86-0278776

Name *(not your trade name)* Yavapai Big Brothers/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	
2		10		18		26	6,539.20
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			

Tax liability for Month 1 13,299.38

Month 2

1		9		17		25	
2		10	6,454.37	18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	5,841.25		

Tax liability for Month 2 12,295.62

Month 3

1		9		17		25	
2		10		18		26	
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			

Tax liability for Month 3 11,416.30

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter 37,011.30

REV 06/12/19 QBDT

Arizona Form
A1-QRT

Arizona Quarterly Withholding Tax Return

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

Part 1 Taxpayer Information

Name	Employer Identification Number (EIN)
Yavapai Big Brothers/Big Sisters Inc	86-0278776
Number and street or PO Box	QUARTER AND YEAR
3208 Lakeside Village Drive	3 2019
City or town, state and ZIP Code	↑ Enter Quarter (1, 2, 3 or 4) and four digits of year. See instructions.
Prescott AZ 86301	
Business telephone number (with area code)	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 89 X
(928)778-5135	

Check box if:

A ☐ Amended Return **B** ☐ Address Change **C** ☐ Final Return (CANCEL ACCOUNT)

If this is your final return, the department will cancel your withholding account. Enter the date final wages were paid and complete Part 6 .....

D ☐ Check this box if this form is being filed by the surviving employer and the periods covered by this return are for less than three (3) months. Also enter the following:

Predecessor Employer Name .....

Predecessor Employer EIN .....

81 PM | 66 RCVD

E Total Arizona payroll for this quarter	$	181146 57
F Total number of employees paid Arizona wages for this quarter		24

Part 2 **Tax Liability Schedule** Include all withholding amounts from all sources (i.e. wages & salary, pensions & annuities, gambling winnings, etc.). See instructions.

A. Quarterly Deposit Schedule: Complete if prior 4 quarter average was not more than $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 ***OR*** Section B below; **DO NOT COMPLETE BOTH.**

B. Monthly or Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarter average was greater than $1,500.

Semi-weekly depositors and taxpayers with a next-day tax deposit obligation during the quarter, **CHECK THIS BOX** and complete Part 4. ☒

For lines B1 through B3, enter the total amount withheld for each month in the quarter.

B1 Month 1 Liability	**B1**	1408 53
B2 Month 2 Liability	**B2**	2104 60
B3 Month 3 Liability	**B3**	1584 21
B4 Total. Enter this amount on Part 3, line 1	**B4**	5097 34

Part 3 **Tax Computation** (See instructions.)

1	Liability: Enter the amount from line A1 or line B4	**1**	5097 34
2	Payments made during this quarter.	**2**	5097 34
3	**Total Amount Due:** Subtract line 2 from line 1. Enter the difference. Use a minus sign to indicate a negative amount.	**3**	0 00

Declaration Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here

TAXPAYER'S SIGNATURE | DATE | (928) 778-5600 BUSINESS TELEPHONE NUMBER

Paid Preparer's Use Only

PAID PREPARER'S SIGNATURE | DATE | P01760964 PAID PREPARER'S PTIN

Amiee Benson — FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

46-4421327 — FIRM'S EIN

3122 N State Route 89 — FIRM'S STREET ADDRESS

(928)778-5600 — FIRM'S TELEPHONE NUMBER

Prescott — CITY | AZ — STATE | 86301 — ZIP CODE

▶ **Make check payable to:** **Arizona Department of Revenue. Include EIN on payment.**

▶ **Mail return and payment to:** **Arizona Department of Revenue, PO Box 29009, Phoenix, AZ 85038-9009**

Name (as shown on page 1)	EIN
Yavapai Big Brothers/Big Sisters Inc	86-0278776

Part 4 Semi-Weekly/Next Day Deposit Schedule

A. First 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	☐													
5	☐	709 29	12	☐		19	☐	699 24	26	☐													
6	☐		13	☐		20	☐		27	☐													
7	☐		14	☐		21	☐		28	☐													

Check a box only if you had a next-banking day deposit obligation.

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	☐		22	☐		29	☐										
2	☐	724 99	9	☐		16	☐	701 80	23	☐		30	☐	677 81									
3	☐		10	☐		17	☐		24	☐		31	☐										
4	☐		11	☐		18	☐		25	☐													
5	☐		12	☐		19	☐		26	☐													
6	☐		13	☐		20	☐		27	☐													
7	☐		14	☐		21	☐		28	☐													

Check a box only if you had a next-banking day deposit obligation.

Month 2 Liability: Enter total here and on Part 2, line B2 ..... $ 2104 60

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	☐													
5	☐		12	☐		19	☐		26	☐													
6	☐		13	☐	779 92	20	☐		27	☐	804 29												
7	☐		14	☐		21	☐		28	☐													

Check a box only if you had a next-banking day deposit obligation.

Month 3 Liability: Enter 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 ☐ 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: _____

8 ☐ Check this box if there is a successor employer.
Name: _____ EIN: _____
Number and Street: _____
City: _____ State: _____ ZIP Code: _____

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
PO BOX 52027 – MD 5881
PHOENIX, AZ 85072-2027
Telephone (602) 771-6601

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**

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

Prescott AZ 86301

USE BLACK INK ONLY

PLEASE RETURN ORIGINAL

UNEMPLOYMENT TAX AND WAGE REPORT

A. NUMBER OF EMPLOYEES –

Report for each month the number of full- and part-time 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.

C. **WAGE SUMMARY** – See reverse for instructions

1.	**TOTAL WAGES PAID IN QUARTER** From Section B. Wage Listing	182635.89
2.	**SUBTRACT EXCESS WAGES** Cannot exceed Line 1 – see instructions	155492.43
3.	**TAXABLE WAGES PAID** Up to $7,000 per Employee – Line 1 minus Line 2	27143.46
4.	**TAX DUE** Line 3 X Tax Rate of 1.4200 the decimal equivalent = 0.0142	385.44
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** For amounts equaling $9.99 or less – see instructions	385.44
9.	**SUBTRACT ANY CREDIT BALANCE** If balance is listed, subtract from Line 8	
10.	**AMOUNT PAID** Make check payable to DES Unemployment Tax	385.44

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

1. Employee's Social Security Number	2. Employee's Name *(Last, First)*	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
	TOTAL WAGES ALL PAGES	182635.89

Signature:

Title: Reporting Agent

Date:

Prepared by: Amiee Benson

Telephone: 9287785600

REV 09/04/19 QBDT

PHOTO COPY FOR YOUR RECORDS

UC-020-FF (8-17)

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

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

REV 09/04/19 QBDT

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2019) Department of the Treasury — Internal Revenue Service

950117
OMB No. 1545-0029

Employer identification number (EIN) 86-0278776

Name *(not your trade name)* Yavapai Big Brothers/Big Sisters I

Trade name *(if any)* Yavapai Big Brothers/Big Sisters, Inc

Address 3208 Lakeside Village Drive
Number Street Suite or room number

Prescott | AZ | 86301
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2019
(Check one.)

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

Go to *www.irs.gov/Form941* for instructions and the latest information.

REV 09/04/19 QBDT

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	21
2	**Wages, tips, and other compensation**	2	181,252.56
3	**Federal income tax withheld from wages, tips, and other compensation**	3	13,746.13
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**	182,765.14	× 0.124 =	22,662.88
5b	**Taxable social security tips**		× 0.124 =	
5c	**Taxable Medicare wages & tips**	182,765.14	× 0.029 =	5,300.19
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

5e	**Add Column 2 from lines 5a, 5b, 5c, and 5d**	5e	27,963.07
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	41,709.20
7	**Current quarter's adjustment for fractions of cents**	7	-0.01
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	41,709.19
11	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974	11	
12	**Total taxes after adjustments and credits.** Subtract line 11 from line 10	12	41,709.19
13	**Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter**	13	41,709.19
14	**Balance due.** If line 12 is more than line 13, enter the difference and see instructions	14	
15	**Overpayment.** If line 13 is more than line 12, enter the difference	Check one: ☐ Apply to next return. ☐ Send a refund.	

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

Next ■▶

Name *(not your trade name)*: Yavapai Big Brothers/Big Sisters Inc

Employer identification number (EIN): 86-0278776

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 section 11 of Pub. 15.

16 **Check one:**

☐ **Line 12 on this return is less than $2,500 or line 12 on the return for the prior quarter was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than $2,500 but line 12 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**	
	Month 2	
	Month 3	
Total liability for quarter		**Total must equal line 12.**

☒ **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.

17 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, 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 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: Amiee Benson (928)778-5600

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS: 32112

☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it. REV 09/04/19 QBDT

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** EF ONLY-You do not need to sign this form

Print your name here: Amiee Benson

Print your title here:

Date

Best daytime phone: (928)778-5600

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name	Amiee Benson	PTIN	P01760964
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Edge Tax & Accounting, LLC	EIN	46-4421327
Address	3122 N State Route 89	Phone	(928)778-5600
City	Prescott	State AZ	ZIP code 86301

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

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

OMB No. 1545-0029

Employer identification number (EIN) 86-0278776

Name *(not your trade name)* Yavapai Big Brothers/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	
2		10		18		26	
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			

Tax liability for Month 1 11,610.20

Month 2

1		9		17		25	
2	5,899.29	10		18		26	
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			

Tax liability for Month 2 17,327.90

Month 3

1		9		17		25	
2		10		18		26	
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			

Tax liability for Month 3 12,771.09

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter 41,709.19

REV 09/04/19 QBDT

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2019) Department of the Treasury — Internal Revenue Service

950117
OMB No. 1545-0029

Employer identification number (EIN) 86-0278776

Name *(not your trade name)* Yavapai Big Brothers/Big Sisters I

Trade name *(if any)* Yavapai Big Brothers/Big Sisters, Inc

Address 3208 Lakeside Village Drive
Number Street Suite or room number

Prescott | AZ | 86301
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2019
(Check one.)

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

Go to *www.irs.gov/Form941* for instructions and the latest information.

REV 12/23/19 QBDT

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	24
2	**Wages, tips, and other compensation**			2	165,541.90
3	**Federal income tax withheld from wages, tips, and other compensation**			3	12,542.13
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**	166,956.46	× 0.124 =	20,702.60	
5b	**Taxable social security tips**		× 0.124 =		
5c	**Taxable Medicare wages & tips**	166,956.46	× 0.029 =	4,841.74	
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =		
5e	**Add Column 2 from lines 5a, 5b, 5c, and 5d**			5e	25,544.34
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	38,086.47
7	**Current quarter's adjustment for fractions of cents**			7	-0.02
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	38,086.45
11	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974			11	
12	**Total taxes after adjustments and credits.** Subtract line 11 from line 10			12	38,086.45
13	**Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter**			13	38,086.45
14	**Balance due.** If line 12 is more than line 13, enter the difference and see instructions			14	
15	**Overpayment.** If line 13 is more than line 12, enter the difference		Check one: ☐ Apply to next return. ☐ Send a refund.		

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

Next ■▶

Name *(not your trade name)*: Yavapai Big Brothers/Big Sisters Inc

Employer identification number (EIN): 86-0278776

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 section 11 of Pub. 15.

16 **Check one:**

☐ **Line 12 on this return is less than $2,500 or line 12 on the return for the prior quarter was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than $2,500 but line 12 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**	
	Month 2	
	Month 3	
Total liability for quarter		**Total must equal line 12.**

☒ **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.

17 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, 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 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: Amiee Benson (928)778-5600

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS: 32112

☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it. REV 12/23/19 QBDT

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** EF ONLY-You do not need to sign this form

Print your name here: Amiee Benson

Print your title here:

Date

Best daytime phone: (928)778-5600

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name	Amiee Benson	PTIN	P01760964
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Edge Tax & Accounting, LLC	EIN	46-4421327
Address	2161 Hillsdale Rd Ste A	Phone	(928)778-5600
City	Prescott	State AZ	ZIP code 86301

960311

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

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

OMB No. 1545-0029

Employer identification number (EIN) 86-0278776

Name *(not your trade name)* Yavapai Big Brothers/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	6,748.66
2		10		18		26	
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			

Tax liability for Month 1 12,806.89

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22	6,340.04	30	
7		15		23		31	
8	6,412.49	16		24			

Tax liability for Month 2 12,752.53

Month 3

1		9		17		25	
2		10		18		26	
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			

Tax liability for Month 3 12,527.03

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter 38,086.45

REV 12/23/19 QBDT

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
PO BOX 52027 – MD 5881
PHOENIX, AZ 85072-2027
Telephone (602) 771-6601

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**

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

PRESCOTT AZ 86301

USE BLACK INK ONLY

PLEASE RETURN ORIGINAL

UNEMPLOYMENT TAX AND WAGE REPORT

A. NUMBER OF EMPLOYEES –

Report for each month the number of full- and part-time 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 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.

C. **WAGE SUMMARY** – See reverse for instructions

1. **TOTAL WAGES PAID IN QUARTER** From Section B. Wage Listing	190751.95
2. **SUBTRACT EXCESS WAGES** Cannot exceed Line 1 – see instructions	165108.03
3. **TAXABLE WAGES PAID** Up to $7,000 per Employee – Line 1 minus Line 2	25643.92
4. **TAX DUE** Line 3 X Tax Rate of 2.7200 the decimal equivalent = 0.0272	697.51
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** For amounts equaling $9.99 or less – see instructions	697.51
9. **SUBTRACT ANY CREDIT BALANCE** If balance is listed, subtract from Line 8	
10. **AMOUNT PAID** Make check payable to DES Unemployment Tax	697.51

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

1. Employee's Social Security Number	2. Employee's Name *(Last, First)*	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
	TOTAL WAGES ALL PAGES	190751.95

Signature:

Title: Reporting Agent

Date:

Prepared by: Amiee Benson

Telephone: 9287785600

REV 12/20/18 QBDT

PHOTO COPY FOR YOUR RECORDS

UC-020-FF (8-17)

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

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

REV 12/20/18 QBDT

Form **941 for 2018: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2018) Department of the Treasury — Internal Revenue Service

950117
OMB No. 1545-0029

Employer identification number (EIN) 86-0278776

Name *(not your trade name)* YAVAPAI BIG BROTHERS BIG SISTERS,

Trade name *(if any)* Yavapai Big Brothers/Big Sisters, Inc

Address 3208 LAKESIDE VILLAGE DRIVE
Number Street Suite or room number

PRESCOTT | AZ | 86301
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2018
(Check one.)

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

Go to *www.irs.gov/Form941* for instructions and the latest information.

REV 12/20/18 QBDT

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	25
2	**Wages, tips, and other compensation**	2	190,311.80
3	**Federal income tax withheld from wages, tips, and other compensation**	3	16,874.00
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**	191,065.97	× 0.124 =	23,692.18
5b	**Taxable social security tips**		× 0.124 =	
5c	**Taxable Medicare wages & tips**	191,065.97	× 0.029 =	5,540.91
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =	

5e	**Add Column 2 from lines 5a, 5b, 5c, and 5d**	5e	29,233.09
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	46,107.09
7	**Current quarter's adjustment for fractions of cents**	7	-0.08
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	46,107.01
11	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974	11	
12	**Total taxes after adjustments and credits.** Subtract line 11 from line 10	12	46,107.01
13	**Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter**	13	46,107.01
14	**Balance due.** If line 12 is more than line 13, enter the difference and see instructions	14	
15	**Overpayment.** If line 13 is more than line 12, enter the difference	Check one: ☐ Apply to next return. ☐ Send a refund.	

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

Next ■►

Name *(not your trade name)*: YAVAPAI BIG BROTHERS BIG SISTERS, INC

Employer identification number (EIN): 86-0278776

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 section 11 of Pub. 15.

16 **Check one:**

☐ **Line 12 on this return is less than $2,500 or line 12 on the return for the prior quarter was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than $2,500 but line 12 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**	
	Month 2	
	Month 3	
Total liability for quarter		**Total must equal line 12.**

☒ **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.

17 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, 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 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: Amiee Benson (928)778-5600

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS: 32112

☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it. REV 12/20/18 QBDT

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: EF ONLY-You do not need to sign this form

Print your name here: Amiee Benson

Print your title here:

Date:

Best daytime phone: (928)778-5600

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name	Amiee Benson	PTIN	P01760964
Preparer's signature		Date	
Firm's name (or yours if self-employed)	Edge Tax & Accounting, LLC	EIN	46-4421327
Address	3122 N State Route 89	Phone	(928)778-5600
City	Prescott	State AZ	ZIP code 86301

960311

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

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

OMB No. 1545-0029

Employer identification number (EIN) 86-0278776

Name *(not your trade name)* YAVAPAI BIG BROTHERS BIG SISTERS,

Calendar year 2018 (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	
2		10		18	70.02	26	7,006.90
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		

Tax liability for Month 1 17,998.96

Month 2

1		9	6,997.87	17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23	7,254.98	31	
8	30.04	16		24			

Tax liability for Month 2 14,282.89

Month 3

1		9		17		25	
2		10		18		26	
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			

Tax liability for Month 3 13,825.16

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter 46,107.01

REV 12/20/18 QBDT

Arizona Form
A1-QRT

Arizona Quarterly Withholding Tax Return

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

Part 1 Taxpayer Information

Name	Employer Identification Number (EIN)
Yavapai Big Brothers/Big Sisters Inc	86-0278776
Number and street or PO Box	QUARTER AND YEAR
3208 Lakeside Village Drive	4 2019
City or town, state and ZIP Code	↑ Enter Quarter (1, 2, 3 or 4) and four digits of year. See instructions.
Prescott AZ 86301	
Business telephone number (with area code)	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 89 X
(928)778-5135	

Check box if:

A ☐ Amended Return **B** ☐ Address Change **C** ☐ Final Return (CANCEL ACCOUNT)

If this is your final return, the department will cancel your withholding account. Enter the date final wages were paid and complete Part 6 .....

D ☐ Check this box if this form is being filed by the surviving employer and the periods covered by this return are for less than three (3) months. Also enter the following:

Predecessor Employer Name .....

Predecessor Employer EIN .....

81 PM | 66 RCVD

E Total Arizona payroll for this quarter	$	165429 10
F Total number of employees paid Arizona wages for this quarter		24

Part 2 **Tax Liability Schedule** Include all withholding amounts from all sources (i.e. wages & salary, pensions & annuities, gambling winnings, etc.). See instructions.

A. Quarterly Deposit Schedule: Complete if prior 4 quarter average was not more than $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 ***OR*** Section B below; **DO NOT COMPLETE BOTH.**

B. Monthly or Semi-Weekly/Next Day Deposit Schedule: Complete if prior 4 quarter average was greater than $1,500.

Semi-weekly depositors and taxpayers with a next-day tax deposit obligation during the quarter, **CHECK THIS BOX** and complete Part 4. ☒

For lines B1 through B3, enter the total amount withheld for each month in the quarter.

B1 Month 1 Liability	**B1**	1538 11
B2 Month 2 Liability	**B2**	1616 80
B3 Month 3 Liability	**B3**	1559 90
B4 Total. Enter this amount on Part 3, line 1	**B4**	4714 81

Part 3 **Tax Computation** (See instructions.)

1	Liability: Enter the amount from line A1 or line B4	**1**	4714 81
2	Payments made during this quarter.	**2**	4714 80
3	**Total Amount Due:** Subtract line 2 from line 1. Enter the difference. Use a minus sign to indicate a negative amount.	**3**	0 01

Declaration Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here

TAXPAYER'S SIGNATURE | DATE | (928) 778-5600 BUSINESS TELEPHONE NUMBER

Paid Preparer's Use Only

PAID PREPARER'S SIGNATURE | DATE | P01760964 PAID PREPARER'S PTIN

Amiee Benson — FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

46-4421327 — FIRM'S EIN

2161 Hillsdale Rd Ste A — FIRM'S STREET ADDRESS

(928)778-5600 — FIRM'S TELEPHONE NUMBER

Prescott — CITY | AZ — STATE | 86301 — ZIP CODE

▶ **Make check payable to:** **Arizona Department of Revenue. Include EIN on payment.**

▶ **Mail return and payment to:** **Arizona Department of Revenue, PO Box 29009, Phoenix, AZ 85038-9009**

Name (as shown on page 1)	EIN
Yavapai Big Brothers/Big Sisters Inc	86-0278776

Part 4 Semi-Weekly/Next Day Deposit Schedule

A. First Month of Quarter (Days of the Month)

1	☐		8	☐		15	☐		22	☐		29	☐		
2	☐		9	☐		16	☐		23	☐		30	☐		
3	☐		10	☐		17	☐		24	☐		31	☐		
4	☐		11	☐	752 80	18	☐		25	☐	785 31				
5	☐		12	☐		19	☐		26	☐					
6	☐		13	☐		20	☐		27	☐					
7	☐		14	☐		21	☐		28	☐					

Check a box only if you had a next-banking day deposit obligation.

Month 1 Liability: Enter total here and on Part 2, line B1 ..... $ 1538 11

B. Second Month of Quarter (Days of the Month)

1	☐		8	☐	826 04	15	☐		22	☐	790 76	29	☐		
2	☐		9	☐		16	☐		23	☐		30	☐		
3	☐		10	☐		17	☐		24	☐		31	☐		
4	☐		11	☐		18	☐		25	☐					
5	☐		12	☐		19	☐		26	☐					
6	☐		13	☐		20	☐		27	☐					
7	☐		14	☐		21	☐		28	☐					

Check a box only if you had a next-banking day 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	☐					
5	☐		12	☐		19	☐		26	☐					
6	☐	764 53	13	☐		20	☐	795 37	27	☐					
7	☐		14	☐		21	☐		28	☐					

Check a box only if you had a next-banking day deposit obligation.

Month 3 Liability: Enter total here and on Part 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 ☐ 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: _____

8 ☐ Check this box if there is a successor employer.
Name: _____ EIN: _____
Number and Street: _____
City: _____ State: _____ ZIP Code: _____

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
PO BOX 52027 – MD 5881
PHOENIX, AZ 85072-2027
Telephone (602) 771-6601

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**

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

Prescott AZ 86301

USE BLACK INK ONLY

PLEASE RETURN ORIGINAL

UNEMPLOYMENT TAX AND WAGE REPORT

A. NUMBER OF EMPLOYEES –

Report for each month the number of full- and part-time 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 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.

C. **WAGE SUMMARY** – See reverse for instructions

1. **TOTAL WAGES PAID IN QUARTER** From Section B. Wage Listing	166843.66
2. **SUBTRACT EXCESS WAGES** Cannot exceed Line 1 – see instructions	159834.04
3. **TAXABLE WAGES PAID** Up to $7,000 per Employee – Line 1 minus Line 2	7009.62
4. **TAX DUE** Line 3 X Tax Rate of 1.4200 the decimal equivalent = 0.0142	99.54
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** For amounts equaling $9.99 or less – see instructions	99.54
9. **SUBTRACT ANY CREDIT BALANCE** If balance is listed, subtract from Line 8	
10. **AMOUNT PAID** Make check payable to DES Unemployment Tax	99.54

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

1. Employee's Social Security Number	2. Employee's Name *(Last, First)*	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
	TOTAL WAGES ALL PAGES	166843.66

Signature:

Title: Reporting Agent

Date:

Prepared by: Amiee Benson

Telephone: 9287785600

REV 12/23/19 QBDT

PHOTO COPY FOR YOUR RECORDS

UC-020-FF (8-17)

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

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

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