

941 for 2023: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/country Foreign postal code

Report for this Quarter of 2023
(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.

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

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<input type="text" value="155"/>
2	Wages, tips, and other compensation	2	<input type="text" value="1,262,560"/> <input type="text" value="76"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="74,313"/> <input type="text" value="00"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2	
5a	Taxable social security wages* <input type="text" value="1,297,935"/> <input type="text" value="59"/>	$\times 0.124 =$	<input type="text" value="160,944"/> <input type="text" value="01"/>	
5a (i)	Qualified sick leave wages* <input type="text" value=""/>	$\times 0.062 =$	<input type="text" value=""/>	
5a (ii)	Qualified family leave wages* <input type="text" value=""/>	$\times 0.062 =$	<input type="text" value=""/>	
5b	Taxable social security tips <input type="text" value=""/>	$\times 0.124 =$	<input type="text" value=""/>	
5c	Taxable Medicare wages & tips <input type="text" value="1,297,935"/> <input type="text" value="59"/>	$\times 0.029 =$	<input type="text" value="37,640"/> <input type="text" value="13"/>	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding <input type="text" value=""/>	$\times 0.009 =$	<input type="text" value=""/>	

*Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<input type="text" value="198,584"/> <input type="text" value="14"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value=""/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="272,897"/> <input type="text" value="14"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="0"/> <input type="text" value="36"/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value=""/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value=""/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="272,897"/> <input type="text" value="50"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text" value=""/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	<input type="text" value=""/>
11c	Reserved for future use	11c	<input type="text" value=""/>

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name) Northwest Special Recreation Association Employer identification number (EIN) 36 - 3059924

Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021
11e Reserved for future use
11f Reserved for future use
11g Total nonrefundable credits. Add lines 11a, 11b, and 11d
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10
13a 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
13b Reserved for future use
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021
13d Reserved for future use
13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021
13f Reserved for future use
13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e
13h Reserved for future use
13i Reserved for future use
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions
15 Overpayment. If line 13g is more than line 12, enter the difference

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're 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.

[] 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.

[X] 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. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name)

Employer identification number (EIN)

Northwest Special Recreation Association

36 - 3059924

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 / / ; also attach a statement to your return. See instructions.
- 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.
- 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19
- 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20
- 21 Reserved for future use 21
- 22 Reserved for future use 22
- 23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23
- 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24
- 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25
- 26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26
- 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27
- 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

Tracey Crawford

Print your name here

Tracey Crawford

Print your title here

Executive Director

Date

10/31/2023

Best daytime phone

847-392-2848

Paid Preparer Use Only

Check if you're 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

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 3 6 - 3 0 5 9 9 2 4

Name (not your trade name) Northwest Special Recreation Association

Calendar year 2 0 2 3 (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	148.52	26	
3		11		19		27	
4		12		20		28	70,539.74
5		13		21		29	
6		14	48,127.62	22		30	
7	262.40	15		23		31	
8		16		24	9.58		

Tax liability for Month 1

119,087.86

Month 2

1		9	267.78	17		25	26,487.30
2	565.86	10		18	213.48	26	
3	251.26	11	70,118.86	19		27	
4		12		20		28	
5		13		21		29	299.52
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

98,204.06

Month 3

1		9		17		25	
2		10		18		26	21.32
3		11		19		27	
4		12		20		28	
5		13	40.54	21		29	
6		14		22	27,679.80	30	
7		15		23		31	
8	27,863.92	16		24			

Tax liability for Month 3

55,606.58

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

272,897.50