

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return** 1148

970120

(Rev. April 2020)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	82-2720704
Name (not your trade name)	ALLEGIANCE PROPERTY INC
Trade name (if any)	
Address	3330 CUMBERLAND BLVD SUITE 500
	ATLANTA, GA 30039

Report for this Quarter of 2020
(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>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	9																												
2	Wages, tips, and other compensation	2	31,909.28																												
3	Federal income tax withheld from wages, tips, and other compensation	3	607.43																												
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check and go to line 6.																												
<table border="1"> <thead> <tr> <th></th> <th>Column 1</th> <th></th> <th>Column 2</th> </tr> </thead> <tbody> <tr> <td>5a Taxable social security wages</td> <td>31,909.28</td> <td>x 0.124 =</td> <td>3,956.75</td> </tr> <tr> <td>5a (i) Qualified sick leave wages</td> <td></td> <td>x 0.062 =</td> <td></td> </tr> <tr> <td>5a (ii) Qualified family leave wages</td> <td></td> <td>x 0.062 =</td> <td></td> </tr> <tr> <td>5b Taxable social security tips</td> <td></td> <td>x 0.124 =</td> <td></td> </tr> <tr> <td>5c Taxable Medicare wages & tips</td> <td>31,909.28</td> <td>x 0.029 =</td> <td>925.37</td> </tr> <tr> <td>5d Taxable wages & tips subject to Additional Medicare Tax withholding</td> <td></td> <td>x 0.009 =</td> <td></td> </tr> </tbody> </table>					Column 1		Column 2	5a Taxable social security wages	31,909.28	x 0.124 =	3,956.75	5a (i) Qualified sick leave wages		x 0.062 =		5a (ii) Qualified family leave wages		x 0.062 =		5b Taxable social security tips		x 0.124 =		5c Taxable Medicare wages & tips	31,909.28	x 0.029 =	925.37	5d Taxable wages & tips subject to Additional Medicare Tax withholding		x 0.009 =	
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5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	4,882.12																												
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	5,489.55																												
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	5,489.49																												
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a																													
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	0.00																												
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	0.00																												

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

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Form **941** (Rev. 4-2020) Page **2**

Name (not your trade name)

ALLEGIANCE PROPERTY INC

Employer identification number (EIN)

82-2720704**Part 1:** Answer these questions for this quarter. (continued)

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c.	11d	<input type="text" value="0.00"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10.	12	<input type="text" value="5,489.49"/>
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.	13a	<input type="text" value="5,489.49"/>
13b	Deferred amount of the employer share of social security tax.	13b	<input type="text" value="0.00"/>
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1.	13c	<input type="text" value="0.00"/>
13d	Refundable portion of employee retention credit from Worksheet 1.	13d	<input type="text" value="0.00"/>
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d.	13e	<input type="text" value="5,489.49"/>
13f	Total advances received from filing Form(s) 7200 for the quarter.	13f	<input type="text" value="0.00"/>
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e.	13g	<input type="text" value="5,489.49"/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions.	14	<input type="text"/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

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.** 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're a monthly schedule depositor, complete the deposit schedule below; if you're 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	<input type="text"/>
	Month 2	<input type="text"/>
	Month 3	<input type="text"/>
	Total liability for quarter	<input type="text"/>

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. Go to Part 3.

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

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Form **941** (Rev. 4-2020) Page **3**

Name (not your trade name)

ALLEGIANCE PROPERTY INC

Employer identification number (EIN)

82-2720704**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, andenter 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 19 0.0020 Qualified health plan expenses allocable to qualified family leave wages 20 0.0021 Qualified wages for the employee retention credit 21 0.0022 Qualified health plan expenses allocable to wages reported on line 21 22 0.0023 Credit from Form 5884-C, line 11, for this quarter 23 0.0024 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941) 24 0.0025 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941) 25 0.00**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.

XSign your
name here**FILE COPY ONLY**Print your
name herePrint your
title here

Date

Best daytime phone

Paid Preparer Use OnlyCheck 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

Determine how you will complete this worksheet

Keep for Your Records

If you paid both qualified sick and family leave wages and qualified wages for purposes of the employee retention credit this quarter, complete Step 1, Step 2, and Step 3. If you paid qualified sick and family leave wages this quarter but you didn't pay any qualified wages for purposes of the employee retention credit this quarter, complete Step 1 and Step 2. If you paid qualified wages for purposes of the employee retention credit this quarter but you didn't pay any qualified sick and family leave wages this quarter, complete Step 1 and Step 3.

Step 1.		Determine the employer share of social security tax this quarter after it is reduced by any credit claimed on Form 8974 and any credit to be claimed on Form 5884-C	
1a	Enter the amount of social security tax from Form 941, Part 1, line 5a, column 2	1a	3956.75
1b	Enter the amount of social security tax from Form 941, Part 1, line 5b, column 2	1b	0.00
1c	Add lines 1a and 1b	1c	3956.75
1d	Multiply line 1c by 50% (0.50)	1d	1978.38
1e	If you're a third-party payer of sick pay that isn't an agent and you're claiming credits for amounts paid to your employees, enter the employer share of social security tax included on Form 941, Part 1, line 8 (enter as a positive number)	1e	0.00
1f	Subtract line 1e from line 1d	1f	1978.38
1g	If you received a Section 3121(q) Notice and Demand during the quarter, enter the amount of the employer share of social security tax from the notice.	1g	0.00
1h	Employer share of social security tax. Add lines 1f and 1g	1h	1978.38
1i	Enter the amount from Form 941, Part 1, line 11a (credit from Form 8974)	1i	0.00
1j	Enter the amount to be claimed on Form 5884-C, line 11, for this quarter	1j	0.00
1k	Total nonrefundable credits already used against the employer share of social security tax. Add lines 1i and 1j.	1k	0.00
1l	Employer share of social security tax remaining. Subtract line 1k from line 1h	1l	1978.38
Step 2.		Figure the sick and family leave credit	
2a	Qualified sick leave wages reported on Form 941, Part 1, line 5a(i), column 1	2a	0.00
2a(i)	Qualified sick leave wages included on Form 941, Part 1, line 5c, but not included on Form 941, Part 1, line 5a(i), column 1, because the wages reported on that line were limited by the social security wage base	2a(i)	0.00
2a(ii)	Total qualified sick leave wages. Add lines 2a and 2a(i)	2a(ii)	0.00
2b	Qualified health plan expenses allocable to qualified sick leave wages (Form 941, Part 3, line 19)	2b	0.00
2c	Employer share of Medicare tax on qualified sick leave wages. Multiply line 2a(ii) by 1.45% (0.0145)	2c	0.00
2d	Credit for qualified sick leave wages. Add lines 2a(ii), 2b, and 2c	2d	0.00
2e	Qualified family leave wages reported on Form 941, Part 1, line 5a(ii), column 1	2e	0.00
2e(i)	Qualified family leave wages included on Form 941, Part 1, line 5c, but not included on Form 941, Part 1, line 5a(ii), column 1, because the wages reported on that line were limited by the social security wage base	2e(i)	0.00
2e(ii)	Total qualified family leave wages. Add lines 2e and 2e(i)	2e(ii)	0.00
2f	Qualified health plan expenses allocable to qualified family leave wages (Form 941, Part 3, line 20)	2f	0.00
2g	Employer share of Medicare tax on qualified family leave wages. Multiply line 2e(ii) by 1.45% (0.0145)	2g	0.00
2h	Credit for qualified family leave wages. Add lines 2e(ii), 2f, and 2g	2h	0.00
2i	Credit for qualified sick and family leave wages. Add lines 2d and 2h	2i	0.00
2j	Nonrefundable portion of credit for qualified sick and family leave wages. Enter the smaller of line 1l or line 2i. Enter this amount on Form 941, Part 1, line 11b	2j	0.00
2k	Refundable portion of credit for qualified sick and family leave wages. Subtract line 2j from line 2i and enter this amount on Form 941, Part 1, line 13c	2k	0.00
Step 3.		Figure the employee retention credit	
3a	Qualified wages (excluding qualified health plan expenses) for employee retention credit (Form 941, Part 3, line 21)	3a	0.00
3b	Qualified health plan expenses allocable to qualified wages for the employee retention credit (Form 941, Part 3, line 22)	3b	0.00
3c	Qualified wages (excluding qualified health plan expenses) paid March 13, 2020, through March 31, 2020, for the employee retention credit (Form 941, Part 3, line 24). Enter an amount here only for the second quarter Form 941	3c	0.00
3d	Qualified health plan expenses allocable to qualified wages paid March 13, 2020, through March 31, 2020, for the employee retention credit (Form 941, Part 3, line 25). Enter an amount here only for the second quarter Form 941	3d	0.00
3e	Add lines 3a, 3b, 3c, and 3d	3e	0.00
3f	Retention credit. Multiply line 3e by 50% (0.50)	3f	1978.38
3g	Enter the amount of the employer share of social security tax from Step 1, line 1l	3g	1978.38
3h	Enter the amount of the nonrefundable portion of the credit for qualified sick and family leave wages from Step 2, line 2j.	3h	0.00
3i	Subtract line 3h from line 3g	3i	1978.38
3j	Nonrefundable portion of employee retention credit. Enter the smaller of line 3f or line 3i. Enter this amount on Form 941, Part 1, line 11c.	3j	0.00
3k	Refundable portion of employee retention credit. Subtract line 3j from line 3f and enter this amount on Form 941, Part 1, line 13d.	3k	0.00

Caution:
Only complete lines 3c and 3d for your second quarter 2020 Form 941.