

Form **941 for 2012:** **Employer's QUARTERLY Federal Tax Return**

970112

(Rev. January 2012)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

(EIN)  
Employer identification number 36-3125426  
Name (not your trade name) Dana Point Condominium Association  
Trade name (if any) \_\_\_\_\_  
Address 1519 E. Central Road  
Arlington Heights IL 60005

## Report for this Quarter of 2012 (Check one.)

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

**Part 1: Answer these questions for this quarter.**

QBVT2901 02/29/12

- 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), Dec. 12 (Quarter 4) ..... 1 3
- 2 Wages, tips, and other compensation ..... 2 34,321.21
- 3 Income tax withheld from wages, tips, and other compensation ..... 3 3,495.34
- 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 | <u>34,321.21</u> | x .104 = | <u>3,569.41</u> |
| 5b Taxable social security tips  |                  | x .104 = |                 |
| 5c Taxable Medicare wages & tips | <u>34,321.21</u> | x .029 = | <u>995.32</u>   |
- 5d Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c ..... 5d 4,564.73
- 5e Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions) ..... 5e \_\_\_\_\_
- 6 Total taxes before adjustments (add lines 3, 5d, and 5e) ..... 6 8,060.07
- 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 8,060.05
- 11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X ..... 11 8,060.05
- 12a COBRA premium assistance payments (see instructions) ..... 12a \_\_\_\_\_
- 12b Number of individuals provided COBRA premium assistance ..... \_\_\_\_\_
- 13 Add lines 11 and 12a ..... 13 8,060.05
- 14 Balance due. If line 10 is more than line 13, enter difference and see instructions ..... 14 \_\_\_\_\_
- 15 Overpayment. If line 13 is more than line 10, enter difference ..... Check one: ☐ Apply to next return. ☐ Send a refund.

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

Next ▶

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

Form 941 (Rev. 1-2012)

Name (not your trade name)

Dana Point Condominium Association

Employer identification number (EIN)

36-3125426

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

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

- 16 Check one: ☐ Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are 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 10.

- ☒ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

- 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 do not have to file a return for every quarter of the year ..... ☐ Check here.

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

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

- ☒ Yes. Designee's name and phone number Arlene Colosimo (847) 639-9945

QBMT2902 02/27/12

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 02080

- ☐ No.

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

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

► Sign your name here

Raymond S. Jagodzinski

Date 10-26-12

Print your name here

RAYMOND S. JAGODZINSKI

Print your title here

TREASURERBest daytime phone 847-767-6351**Paid Preparer's Use Only**Check if you are self-employed ..... ☐Preparer's name Arlene ColosimoPTIN P01083500

Preparer's signature

Arlene Colosimo

Date 10/26/12

Firm's name (or yours if self-employed)

AMCO Bookkeeping Services, Inc.EIN 32-0089886

Address

P.O. Box 837Phone (847) 639-9945

City

CaryState IL

ZIP code

60013

# Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

970311

Calendar Year 2012

Department of the Treasury — Internal Revenue Service

## Report for this Quarter

Employer identification number 36-3125426

Name (not your trade name) Dana Point Condominium Association

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 or Form 941-SS, DO NOT change your tax liability by adjustments reported on any Forms 941-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

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

### Month 1

1	9	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	31
8	16	24	

Tax liability for Month 1  
  
2,177.65

### 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	30
7	15	23	31
8	16	24	

Tax liability for Month 2  
  
3,505.73

### Month 3

1	9	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	31
8	16	24	

Tax liability for Month 3  
  
2,376.67

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

Total must equal line 10 on Form 941 or Form 941-SS.

Total liability for the quarter  
  
8,060.05

# EMPLOYER'S CONTRIBUTION AND WAGE REPORT

STATE OF ILLINOIS Department of Employment Security  
FORM UI-3/40 Rev. 12/2011

D.C. NO.

Dana Point Condominium Association  
1519 E. Central Road  
Arlington Heights

IL 60005

0634353	3	2012	3	09/30/12	10/31/12	10/31/12
ILLINOIS ACCOUNTNUMBER	CK	YR/QTR.	PERIOD ENDING	PENALTY (\$50 MIN.) DUE AFTER ABOVE DATE		INTEREST DUE AFTER ABOVE DATE
Your Federal Employer Identification Number (If not shown or if incorrect enter account number)				36-3125426		

**CHANGE IN STATUS** If a change has occurred in the status of your business, complete form UI-50AP.  
☐ Check this box to indicate that you no longer have workers in Illinois and want your account terminated. Also, complete the UI-50AP.

1. ENTER THE TOTAL NUMBER OF COVERED WORKERS (full and part time) who performed services during or received pay for the payroll period including the 12th of each month of the quarter. If none, enter "0".			
1st Month	2nd Month	3rd Month	3
2. TOTAL WAGES PAID for covered employment (if no wages were paid, see instructions.)			
IMPORTANT - SEE INSTRUCTIONS		34,321.21	
3. LESS: Wages in excess of \$ 13,560. per covered worker per calendar year.			
4. TAXABLE WAGES (line 2 minus line 3)		34,321.21	
5A. CONTRIBUTION DUE - Multiply line 4 by 0.5500			
Use this space if TOTAL WAGES (line 2) are less than \$50,000 this quarter		0.00	
5B. CONTRIBUTION DUE - Multiply line 4 by			
6A. Add: Interest at 2% (.02) per month for late payment			
6B. Add: Penalty for late filing (\$50.00 minimum)			
6C. Add: Previous Underpayment PLUS interest			
6D. Deduct: Previous Overpayment			
7. TOTAL PAYMENT DUE			
MAKE CHECK PAYABLE TO:			
ILLINOIS DIRECTOR OF EMPLOYMENT SECURITY			
(If Less than \$2.00 - Send report only)			
0.00			

I hereby certify that the information contained in this report and in all accompanying schedules is true and correct to the best of my knowledge and belief, and that no part of the contribution reported was or is to be deducted from workers' wages

Signed Raymond J. Jorgensen  
Title President  
Telephone 847-767-6351  
Date 10-26-12

This report MUST be signed by owner, partner, officer or authorized agent within the employing enterprise. If signed by any other person, a Power of Attorney must be on file.  
(See instructions)

UI-3/40 (Rev. 01/12) IL 427-0018

ILWA0101 05/24/12

This agency is requesting both disclosure of information and payment of contributions that are necessary to accomplish the statutory purpose as outlined under 820 ILCS 405/100-3200. Disclosure of information and payment of contributions are REQUIRED. Failure to provide information of pay contributions may result in the form not being processed and may result in statutorily prescribed sanctions, including penalties and/or interest.

## EMPLOYER: PLEASE RETURN THIS SHEET

Employers that have 25 or less employees have the option of preprinted names and social security numbers. If you wish to discontinue or reinstate this feature, please indicate your preference on the UI-50AP.

Do NOT staple reports or payment.  
Page No. 1 of 1 Pages  
Do NOT include wage corrections for a prior quarter in this report.

8. Worker's Social Security Account Number	9. NAME OF WORKER (Type or Print)	10. TOTAL Wages Paid (Include Wages in Excess of \$13,560.)
000 00 0000	(First and Initial) (Last)	Dollars Cents
326-82-7617	Juan Medina	11,522.06
354-48-2459	Steven A. Mulvey	13,615.15
618-10-5348	Manuel Valle Contero	9,184.00
11. Total Wages Listed on the Page		34,321.21
12. Total Wages Listed All Pages (This Amount MUST agree with line 2)		34,321.21

If more space is needed to list workers, use continuation sheets, Form UI-40A.